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Dr. Arthur’s qualifications:
• Professor Emeritus of Professional Counseling at Georgia State University
• Counselor Educator of the Year 2007 for Georgia
• Has taught counseling courses at the graduate level for 34+ years
• Has taught in CACREP programs for 20+ years
• Dr. Arthur wrote these study guides for the specific purpose of preparing you for the licensure exam

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Historic victory

California becomes 50th state to license professional counselors

Just as Counseling Today was preparing to go to press, the counseling profession achieved a goal more than 30 years in the making. Late on the night of Oct. 11, California Gov. Arnold Schwarzenegger signed into law California Senate Bill 788, which establishes licensure of professional clinical counselors in the state.

Counselors are now licensed as master’s-degreed mental health professionals in all 50 states, the District of Columbia and Puerto Rico. The first state to enact counselor licensure was Virginia in 1976.

American Counseling Association President Lynn Linde applauded California's enactment of the licensure bill, which was introduced by Sen. Mark Wyland and Senate President pro tem Darrell Steinberg. “This is a momentous occasion,” Linde said. “This means that professional counseling is now recognized in all areas of the country and, more important, that protections for the consumers will now exist everywhere. Licensure for counselors significantly expands the availability of mental health services, which is crucial to helping meet the need for services.”

“Today is a victory for so many counselors who have been advocating for licensure in California,” said ACA Executive Director Richard Yep. “This legislation will serve to regulate the profession of counseling, and that is good for the profession and for consumers of mental health services. Gov. Schwarzenegger’s signing of this bill caps an effort that began more than 30 years ago.”

ACA congratulates the California Coalition for Counselor Licensure (CCCL) for its success in leading the licensure effort in the state. ACA has long sought to gain licensure of counselors in all U.S. jurisdictions and provided both financial support and technical assistance to CCCL in support of California’s effort.

“After working for almost eight years, CCCL, a coalition of nine California counseling organizations, is proud that California will become the 50th state to license professional counselors,” said CCCL President Dean Porter. “This victory would not have been possible without the dedicated counselors throughout California and the state and national organizations, particularly ACA and the National Board for Certified Counselors, that support professional counseling. Legislators from both sides of the aisle have the gratitude of counselors and their clients, who will now have increased access to professional services and the protection that regulation ensures.”

Information on implementation of the bill is available on CCCL’s website at caccl.org, and questions on the California law can be sent to info@caccl.org.

Counseling Today will provide expanded coverage of the successful effort to attain counselor licensure in all 50 states in the December issue.
The art of counseling

Last month, I shared my thoughts about how important it is for us as counselors to understand our values and what makes us unique as individuals. This month, I would like to expand on those thoughts and reemphasize that the extent to which we know ourselves as a person will impact our work in any profession, but particularly as counselors. Further, in a counseling relationship, we inevitably reveal who we are through the way we interact with our clients.

One of the really wonderful aspects of being ACA president is getting to travel around the country and meet a number of our members and other counselors. The downside of traveling is, as a former ACA president put it, “The airlines don’t care that you are the ACA president.” Neither do shuttle bus and cab drivers, staff for car rental companies and all the other people on whom I am completely dependent as I travel. It does give me an interesting look at how different people approach their jobs, however. I have met some wonderful folks who clearly enjoy what they do and like working with the public; they act as if there is nothing they wouldn’t do to assist. And I have met some folks who need to find something else to do.

Traveling gives me time to read. While I always think I should be reading something professional and/or esoteric (or thinking about my next column), I confess that when I’m sitting in an airport or on a plane, I prefer something entertaining and tend to turn to my favorite authors. One of those authors is Jonathan Kellerman, whose novels feature a mystery-solving psychologist as the main character. I was recently reminded of something this character said about the art and science of counseling. I didn’t want to misquote Kellerman, so I e-mailed him to ask for clarification. To my delighted surprise, he quickly responded with the answer. To paraphrase him, the science of counseling is knowing what to say; the art of counseling is knowing when not to talk and what not to say.

One of the hardest things to teach students is how to go beyond their “skills” to help them figure out what to do or say. They want to believe there is only one correct response or action for any given situation, and if they can just figure out what that is, then they will be a good counselor. But being a “good” counselor goes far beyond the skill or science of counseling and saying the therapeutically appropriate thing. It truly involves the art of counseling, or how we choose to be with others in a counseling relationship so we can facilitate client growth. What do we choose to share of ourselves? Meaning not just the words and stories, but the reality of who we are.

For many of our clients, counseling is a relationship incredibly different from any other they have ever experienced. The counselor enters into the client’s world and endeavors to see the world as the client sees it. For many clients, the relationship is almost magical, and is certainly empowering, because the counselor listens to the client and accepts the client for who she or he is. But the question for the counselor is always how much of one’s self to share with the client. I would suggest that when we find the ground where we are the same, as opposed to focusing on our differences, then we can move forward together. Sharing the core allows us, as counselors, to practice the art of counseling. By being with the client, we are able to better understand what to say, what not to say and when to say nothing at all.

In my travels, I am continually impressed by the counselors I meet. I see their commitment to the profession and to their clients, their passion for what they do and their concern for the welfare of others. I see the diversity of both the clients with whom they work and the settings in which they practice. These are colleagues who practice the art of counseling. And I come away convinced that we are part of a noble profession. As counselors, we get to make a positive difference in the lives of others; it doesn’t get any better than this. •
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Giving thanks, and thanks for giving

Each year around this time, any number of charitable organizations begin their end-of-year giving campaigns. There are various reasons why charities conduct this annual ritual. For some people, giving during the holiday season to benefit the less fortunate rings true to who they are. Others make contributions as they approach the end of the calendar year because they are looking for ways to reduce their tax liability. Still others give whenever the mood strikes them, and this just happens to coincide with the end of the calendar year.

In this issue of Counseling Today, you will see both editorial content and advertisements that share the good work of the ACA Foundation. Rather than simply glossing over or disregarding this information, I would ask you to take just a few moments to learn about all that the Foundation is doing for ACA members, graduate students and the community. The ACA Foundation runs a pretty “lean” shop in that many of the donations it receives flow right back into its programs and the grants it provides to those who can benefit most. Those who donate to the Foundation know that their contributions will be put to good, focused and effective use.

I want to share a little news about a recent contribution I consider to be extraordinary. The ACA Foundation was honored when Dr. Gerald Corey and his wife, Marianne, chose to make a considerable contribution. They had only two requests for how their donation should be used. First, that the funds be directed toward helping graduate students attend the ACA Annual Conference. Second, that the ACA Foundation accept a challenge to match what Jerry and Marianne had donated.

I am pleased to note that at the Foundation’s meeting earlier this fall, its board members voted to embrace both of Dr. Corey’s requests. In fact, you can read about the Corey Graduate Student Conference Grant program on page 63. By rising to the challenge of matching the Coreys’ very generous contribution, the ACA Foundation board has ensured that the Corey Grants will be made for much more than just the 2010 ACA Annual Conference. The funds collected will continue to be used for a number of years to come to support graduate students who wish to attend the annual conference.

Although I realize that not everyone can make a donation as generous as the Coreys’, I want to reiterate that grassroots fund raising for causes has an important place in the work of the ACA Foundation. In fact, while we are extremely appreciative of large donor gifts such as the Coreys have provided, the truth of the matter is that most of the donations received by the Foundation are for substantially smaller amounts. And that is OK.

So when you make a contribution to the ACA Foundation, you really are voting with your checkbook. You are indicating a preference for supporting the work of YOUR professional association foundation. I hope you will continue your generous giving, because when we all do what we can, we are able to reach much higher goals as a community. I encourage you to visit the ACA Foundation website at acafoundation.org to learn more about its good work.

Of course, I would appreciate your highest consideration of making a donation this year to the Foundation. You can make an online contribution, send a check or charge it to your Visa, MasterCard, American Express or Discover card. So please call us at 703.823.9800 ext. 222 or visit us at acafoundation.org.

I hope you will contact me with any comments, questions or suggestions that you might have. Please contact me via e-mail at rye@counseling.org or by phone at 800.347.6647 ext. 231.

Thanks and be well.
Providing guidance on grief

As a founder and director of the Center for Grief & Loss Counseling and Education, a nonprofit organization in Pueblo, Colo., I was particularly interested in the September edition of Counseling Today. Like Lynne Shallcross’ article “Rewriting the ‘rules’ of grief,” we, too, take a larger perspective in defining grief and loss issues.

We have given public presentations to the mentally ill and to young people on probation with the court system to help them understand that, even with their diverse issues, we are all alike in having losses throughout our life span and needing to find healthy ways to cope. What is manifesting as anger and acting out may in fact be grief. Part of our educational component is helping clients identify the societal dysfunctional thinking that keeps them from feeling their feelings rather than working through them. Our culture has a myriad of ways to keep people “functional, productive consumers” rather than reflective and aware of self, thus postponing our grief processes. Our culture has a myriad of ways to keep people “functional, productive consumers” rather than reflective and aware of self, thus postponing our grief processes. Our culture has a myriad of ways to keep people “functional, productive consumers” rather than reflective and aware of self, thus postponing our grief processes.

Lenore A. Senior, M.A., NCC, LPC
Center for Grief & Loss Counseling and Education
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counselors@centerforgrief.org

Concerning the article “Empty chair offers closure to grieving clients” (September 2009), there is no closure in grief, and it is important for counselors to be able to validate that fact for our clients. Through our grief work, we can get used to the loss. We can accept the loss. We can manage the pain of the loss. We can honor the love we continue to feel through acknowledging that our lives and our relationship with the person/pet/dream we loved are forever changed.

We can rework our sense of selves as we survive and celebrate all the rainbows handed to us, even while part of us is missing the person who is no longer present to celebrate with us. That’s an excellent model to teach those who are grieving. But there is no “closure” in grief!

I’m writing this letter two years, one month and 14 days after I received the phone call from the Allegheny County Medical Examiner’s Office asking me if I could provide them with identifying marks to ensure that the body they’d found was, in fact, my son. Although I no longer walk around holding myself carefully so the internal shards of glass won’t cause a sudden hemorrhage of inconsolable sobbing, I am never going to be able to state that I have “dealt with” this loss or have closure.

There are moments in time when Eddie’s death is no longer at the top of my consciousness, but that’s about as good as it gets, and there is no technique that will keep the next grief burst from occurring. And that’s OK with me because I loved that child from the moment he was conceived, and I loved him today. I want everyone in the world to know that you can love someone more than your own life, lose that person and still have a great future without him, even though you continue to hurt every time you are reminded of that loss.

I have a wonderful husband of almost 33 years and three really great living children. The simple fact that someone will always be missing from our get-togethers will continue to affect our times together for the rest of our lives. Because of this, our family decided that we needed to change the manner in which we celebrate holidays and maintain our rituals so that we acknowledge the change in our relationships with each other and with the rest of the world. We continue to acknowledge the grief that we now share and will share as long as we are alive. Our goal is to be able to walk through our daily lives, even though we’ve had a great loss, and honor our son and brother by remembering him, loving him and missing his presence.

As counselors, let’s be careful not to become part of the current push for people to ignore their pain by “moving on,” “getting closure” or “resolving...
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the loss.” Humans are hardwired to remember, grieve and acknowledge the lifelong effects of loss.

Christine Ottaviano Shestak, M.S., LMHC
Bluffton, Ind.

CACREP explains what’s in a name

We write today to applaud the stand taken by Jason King in his opinion piece published in the September 2009 edition of Counseling Today. The title of this piece, “Counseling or related professions,” straightforwardly addresses many of the professional identity issues that have plagued the counseling profession for over 25 years.

As board chair and CEO, respectively, of the Council for Accreditation of Counseling and Related Educational Programs, we plan to forward a copy of this article to every CACREP member prior to our next meeting so that Jason’s suggestions for change can be discussed. Jason is correct when he says that the “counseling profession is at a critical crossroads” and that it is time for members of the profession to “define ourselves not in relation to others, but rather because of our own distinctiveness.” CACREP couldn’t agree more. We believe, as Jason pointed out, that the 2009 Standards are an important stepping-stone in that process.

Since one of the recommendations in Jason’s article suggests a name change for CACREP, we want to take this opportunity to provide some background information on this particular topic. Most people probably do not know that the CACREP Board has discussed changing its name at least three different times over the past 15 years. The genesis for each of these discussions was to clarify CACREP’s primary mission, which is the accreditation of counselor education programs. Each time the discussion ended with CACREP choosing to maintain its name. There are (believe it or not) two very good reasons for this.

One reason has to do with name recognition. The acronym CACREP has achieved name recognition earned over decades of providing quality service. The name is known by students, prospective students, counselor education faculty and higher education officials. Today, the name is also known around the world. There is value to having a well-known “brand name” that is accepted and considered trustworthy. CACREP recognizes that rebranding at this stage of our existence would take a good marketing plan, about two or more years of time and extra money.

The second reason is even more important. It has to do with CACREP’s reason for deciding to maintain “related educational programs” in its title. To understand the reason, it is important to know that, historically, CACREP was established as an umbrella organization that could have several accrediting operations working under its title. For example, it was hypothesized that the CORE (Council on Rehabilitation Education) Board might operate under the CACREP structure. This would have been a related educational program. When the CACREP Board realized that this was unlikely to happen, there was discussion to change the name. At that time, however, CACREP was still accrediting student affairs programs that had minimal counseling components within their curriculum. In other words, CACREP believed that by accrediting student affairs programs, it was accrediting a related program area.

Today, the reason for keeping the REP in CACREP’s name is different. CACREP is clear about the types of programs it will accredit. CACREP chooses to accredit professional counseling programs that offer a minimum of 48 to 60 graduate semester hours for the master’s degree or offer a doctoral degree in counselor education and supervision. Even the student affairs program standards, once considered related educational program standards, have been combined with the college counseling program standards in the 2009 CACREP Standards. But recently, CACREP developed a new program activity — the International Registry of Counselor Education Programs. This program activity is not only directly associated with CACREP but originates from and supports CACREP’s mission. In effect, IRCEP is CACREP’s newest version of what is meant by the term “related educational programs.” As a related educational program, IRCEP can offer an international registry that recognizes counseling as a globalizing profession and provide a process by which counselor preparation programs can be recognized worldwide.

In summary, the REP in CACREP’s name is not referring to related professions. Instead, the “related educational programs” portion of the name refers to program activities (other than accreditation) that CACREP can develop and offer to enhance quality in counselor preparation.

Craig S. Cashwell
Chair, CACREP Board of Directors
Carol L. Bobby
CACREP President & CEO

There’s more to addiction treatment than 12 steps

I was disappointed in your August 2009 article on addiction and recovery (“Confronting addiction”) in that the only treatment paradigm presented was 12-step based. In my work with recovering addicts of many types, I have found that the 12-step model does not resonate for many individuals and is not helpful. For these reasons, I investigated Self Management and Recovery Training (SMART Recovery®) in 2005 and have been facilitating meetings since that time. The folks who attend the meetings I facilitate have found the treatment paradigm to be helpful and have successfully used the tools and process of SMART Recovery to navigate their recovery process. My meeting participants include both those with substance addictions and process addictions. The theory and tools developed for use in SMART Recovery are based on the rational emotive behavior therapy work that Albert Ellis pioneered.

SMART offers donation-supported face-to-face and online mutual help groups. SMART helps people recover from all types of addictive behaviors, including alcohol abuse and dependence, substance abuse and dependence, gambling addiction, food addiction and addiction to other substances and...
activities. SMART is an alternative to Alcoholics Anonymous and Narcotics Anonymous.

SMART sponsors 300-plus face-to-face meetings around the world and 16-plus online meetings per week. In addition, our online message board is an excellent forum for learning about SMART and seeking support. Our purpose is to support individuals who have chosen to abstain or are considering abstinence from any type of addictive behaviors (substances or activities) by teaching how to change self-defeating thinking, emotions and actions and how to work toward long-term satisfaction and quality of life.

Joan Cartales, LMHC
Integrative Counseling
Seattle
joancartales.com

Respect for diversity cuts both ways

Both Jennifer Walker and Rob Reinhardt express a very narrow point of view in their letters to the editor (August 2009). They both seem to be enamored with “social justice.” Though Rob Reinhardt does not specifically use the phrase, he uses a tactic of social justice, which is to attempt to marginalize those who do not agree with him. He implies that if one doesn’t agree, then that person is not “using the profession and practice of counseling to promote respect for human dignity and diversity.” Because this has to do with our mission as members of the American Counseling Association, it’s not a great leap to imply that “they” do not belong with “us.”

There is a great deal of evidence that the political origins of the social justice movement run very much counter to respect for human dignity and diversity. The history of socialism and communism, from which social justice springs and for which social justice is a code phrase, is hardly a hotbed of respect for anything except power.

Jennifer Walker does something similar by invoking the elephant in the living room — the conflict between social justice and social conservatives. This disrespectful treatment of those with a different point of view is itself a disrespect of the diversity of people and ideas.

As for the ACA past president’s right to express her opinion, I’m all for that, as long as she doesn’t pretend to speak for me.

Chuck Markham
cwmarkishere@yahoo.com

Recent graduate gives perspective on advocacy

As a new counseling professional, I strongly encourage members of the American Counseling Association to advocate for their recognition as a profession. As a graduate student, my professors often told me stories about our struggles against social workers. I didn’t understand what all the hype was about until I began the process of hunting for a job myself.

The amount of openings for social work positions is significantly larger than those that will even consider counselors. Browsing through the want ads, I have even seen numerous openings stating that counselors should not apply and that only social workers are wanted! Of course, the reverse is never true.

I hope one day that social workers and counselors will be able to collaborate in the helping profession. Until then, advocacy, advocacy!

Liz Oakes
Livonia, Mich.

Giving credit

The July 2009 cover story, “Crossing the great divide,” included a sidebar on page 31 that listed some of the responses graduate counseling students provided when asked “Are issues of spirituality and religion being adequately addressed in counseling programs?” Stephanie Daley, a doctoral student at Argosy University in Arlington, Va., co-led the Association for Spiritual, Ethical and Religious Values in Counseling graduate student roundtable at the ACA Conference with Stephanie Smerdzinski of Marymount University. The graduate student responses included in the sidebar came from an excerpt that Daley wrote after the roundtable. •
Washington Update - By Scott Barstow and Dominic Holt

Counselor Medicare coverage provision hits snag in Senate committee

The Senate Finance Committee completed substantially all work on health care and Medicare legislation in the early hours of Oct. 2, having considered more than 100 amendments to the legislation. Unfortunately, the legislation does not include a provision to establish Medicare coverage of medically necessary mental health services provided by licensed professional counselors and marriage and family therapists. Sen. Blanche Lincoln (D-Ark.), a member of the committee, had considered offering an amendment to add counselor and MFT coverage under Medicare based on the bipartisan legislation (S. 671) she introduced with Sen. John Barrasso (R-Wyo.) to establish such coverage. The amendment was not offered, however, because of concerns regarding its potential lack of support. Senate leaders will now work to combine the Finance Committee bill with one approved earlier by the Senate Health, Education, Labor and Pensions Committee and take that package to the Senate floor.

House leaders are also putting together a single health care and Medicare bill — based on versions of the legislation adopted by the three House committees with jurisdiction over the issue — to bring to a floor vote. The legislation is expected to be very similar to H.R. 3200, which includes language establishing Medicare coverage for counselors and MFTs.

The American Counseling Association is working in coalition with other counselor and MFT organizations to ensure that this provision remains in the legislation as approved on the House floor. Although Senate Finance Committee adoption of the provision would have significantly increased the odds of its inclusion in the bill ultimately passed by Congress, we can still reach this goal by maintaining — if not increasing — pressure on senators to include counselor Medicare coverage in the final version of the legislation it adopts. We’re reminding senators that their chamber approved Medicare coverage of counselors in 2003 and again in 2005. Now more than ever, Medicare beneficiaries need access to the full range of qualified mental health service providers.

For more information on how you can help, visit the ACA government relations webpage at counseling.org/publicpolicy or our Internet action center at capwiz.com/counseling.

ACA meets with new Safe and Drug-Free Schools director

ACA staff and other members of the National Alliance of Pupil Services Organizations (NAPSO) met with new Assistant Deputy Secretary of Education Kevin Jennings, who directs the Office of Safe and Drug-Free Schools (SDFS), on Sept. 17. The meeting was part of an ongoing series Jennings is spearheading to engage organizations in education reform.

Participants discussed how SDFS and NAPSO can work together to ensure that all students feel they belong, are safe, are valued and have the resources and supports they need to succeed in school and life. NAPSO members highlighted the continued shortage of jobs for school counselors and other specialized instructional support personnel as well as the need for ongoing professional development opportunities and support for such personnel. NAPSO also urged continued investment in programs promoting school safety and a healthy school climate and stressed the need for an Office of Specialized Instructional Support Services within the Department of Education to help lead work on these issues.

Jennings pledged to advocate for our cause within the Obama administration but also stressed the importance of our organizations continuing to advocate for programs and services to protect and enhance the safety and well-being of America’s children. ACA will promote these and other policy recommendations in the upcoming reauthorization of the Elementary and Secondary Education Act.

ACA, partner organizations hold high-level Veterans Affairs meeting

On Sept. 24, ACA and its sister organizations representing professional counselors and marriage and family therapists sat down with House and Senate Veterans Affairs Committee staff and Department of Veterans Affairs (VA) Assistant Secretary for Human Resources and Administration John Sepúlveda as well as several of his staff members from the agency. The meeting focused exclusively on implementation of Public Law 109-461, the 2006 law recognizing both licensed professional counselors and MFTs as mental health service providers within the VA health care system. To date, the VA has made minimal progress in implementing the law.

During the meeting, House and Senate committee staff expressed strong concern regarding the slow pace of implementation and pressed Sepúlveda and his colleagues to speed up their work. Sepúlveda stated that implementation of the counselor/MFT recognition law is now firmly on his radar screen and expressed his intention to implement the law in one year’s time. The meeting resulted in agreement among all parties that the VA would establish new job descriptions for each of the two professions rather than a single joint description. The VA will work with our organizations and the federal Office of Personnel Management on development of an occupational series for each of the professions.

The meeting was a strong, albeit only initial, step forward in gaining full recognition of counselors within the VA health care system. We will continue to work with both the VA and congressional offices to foster progress.

For more information, contact Dominic Holt at 800.347.6647 ext. 242 or dholt@counseling.org.

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For more information, contact Dominic Holt at 800.347.6647 ext. 242 or dholt@counseling.org.
Medicare Coverage of Licensed Professional Counselors/Health Insurance Reform

Both the House and Senate are working to put the finishing touches on health care and Medicare legislation, and the American Counseling Association is working to make sure that language establishing Medicare coverage of licensed professional counselors is included in the legislation. Although the version of the legislation working its way through the House of Representatives (H.R. 3200) includes such a provision, the Senate’s bill does not.

As the legislation heads toward a conference committee between the House and Senate, we need members of Congress to know that counselor coverage is a “must-do” item to include in the package. We need House conferees to fight for inclusion of the counselor coverage language in their version of the legislation, and we need Senate conferees to “recede” to the House’s provision on this issue and include it in the final version of the legislation. Consequently, we urge counselors to contact their senators to ask them to support the House bill’s language establishing Medicare coverage of counselors.

Although we have powerful supporters in both the House and Senate, gaining counselor coverage under Medicare is still an uphill battle because members of Congress are under intense pressure to minimize the legislation’s price tag. Covering counselors under Medicare is projected to cost only $500 million over 10 years, a fraction of the $228.5 billion in Medicare physician payment changes being considered. Nevertheless, senators and representatives won’t support counselor coverage unless they know constituents want it.

Please take a moment to do two things:
1. Visit the ACA public policy webpages at counseling.org/publicpolicy and capwiz.com/counseling to learn the latest information on health care reform, Medicare coverage of counselors and what you can do to help. The “Capwiz” site will also help you identify your members of Congress.
2. Contact your senators and representative to ask them to support health care reform legislation that includes Medicare coverage of medically necessary mental health services provided by LPCs.

In order to be effective, constituent contacts must be personalized. This means it must be written by you, in your own words, and describe your own thoughts and experiences as a constituent of your legislator. If you have been forced to turn away Medicare beneficiaries, write about that. If you had to stop seeing clients after they became enrolled in Medicare, write about that. If you know you want to be able to work with Medicare beneficiaries when you become an LPC, write about that.

Regardless of whether you send an e-mail, write a letter or make a phone call, include your name and mailing address so that the office can get back to you. Also, keep a copy of your contact so you can follow up with the office later if necessary. All members of Congress can be reached by phone through the U.S. Capitol Switchboard at 202.224.3121.

Thank you for your help!

Whom to Contact
Your Senators and Representative
Capitol Switchboard
202.224.3121
senate.gov
house.gov
capwiz.com/counseling

Suggested SENATE Message
“I am calling to ask that the senator support health insurance reform legislation that establishes Medicare coverage of licensed professional counselors. Medicare beneficiaries need better access to outpatient mental health services, and professional counselors meet education and training criteria on par with currently covered providers. The Senate has already passed counselor coverage legislation twice before and should do so again this year. I’d like the senator to cosponsor S. 671, the Seniors Mental Health Access Improvement Act, to show support for this. Thank you for your consideration.”

Suggested HOUSE Message
“I am calling to ask that the congressman/woman support H.R. 3200, the health insurance reform legislation that establishes Medicare coverage of licensed professional counselors. Medicare beneficiaries need better access to outpatient mental health services, and professional counselors meet education and training criteria on par with currently covered providers. The House has already passed counselor coverage legislation before and should do so again this year. I’d like the congressman/woman to cosponsor H.R. 1673, the Seniors Mental Health Access Improvement Act, to show support for this. Thank you for your consideration.”

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Providing career counseling on Capitol Hill

Rebecca Daniel-Burke: What is your current counseling position?

J. Fidel Turner Jr.: I was recently selected to develop and provide employee and career development services as the employee and career development coordinator within the Office of the Chief Administrative Officer (CAO) with the U.S. House of Representatives. In this role, I manage the Résumé Referral Service and provide assistance to the CAO staff and congressional staff by addressing their career development needs.

RDB: What do you actually do in that position?

JFT: There is a huge turnover among the House of Representatives staff employees. If their boss is not re-elected, it is only a two-year job. I work with them to apply to positions that are open with other members. This might involve résumé critique, I might have them do some testing or sometimes it’s straight career counseling.

RDB: Is there an assessment tool or tools you prefer?

JFT: Yes, I like the Career Assessment Inventory, the Strong Interest Inventory and the Myers-Briggs Type Indicator.

RDB: I have always liked the Myers-Briggs for career counseling and for couples counseling. It’s nice to have an actual test result to show a candidate and say, “No wonder that job didn’t work out — it really requires a different personality type,” or to say to a couple, “No wonder you aren’t getting along — you are such different personality types.”

JFT: Yes, I agree. It is particularly helpful with those two groups.

RDB: Before you were in this position, did you have another position on Capitol Hill?

JFT: Yes, I previously served as a senior employee assistance counselor for the CAO/U.S. House of Representatives Office of Employee Assistance.

RDB: Who were your clients?

JFT: We provided counseling to the House, their staff, the Congressional Budget Office and to the Capitol Police.

RDB: That must have been difficult providing counseling to those police officers.

JFT: It was a very rewarding experience. The U.S. Capitol Police force is one of the largest police forces in the country. They are responsible for protecting and maintaining the safety of members of Congress, staff and visitors from all over the world. It was great providing services to such a dedicated and diverse group of professionals.

RDB: Have you also been teaching part time as you held these full-time jobs?

JFT: Yes, I am currently an adjunct faculty member at Argosy University and Bowie State University. I am always working part time as a counselor educator.

RDB: Do you see yourself doing more of that in the future?

JFT: Yes, I might eventually return to a full-time counselor educator or college administrator role. I would enjoy serving as university administrator or diversity officer for a university.

RDB: What led you down the path toward employee assistance programs (EAPs) and career counseling?

JFT: My first job in the mental health field was working in a skill training position with developmentally disabled adults. Even for those clients, I saw how happy a job made them. I began to realize how important work is to every person. The EAP field allows employees to stay in their positions, even when they need some help to stay in that position.

I also come from a family with a strong work ethic. I saw early on how important it was to secure and maintain a positive work life. It is a big part of healthy development.

RDB: As you moved through graduate school, was there one theoretical orientation that you gravitated to more than others?

JFT: In the beginning, I was oriented toward rational emotive therapy. In the work I do now, it is more person-centered and eclectic.

RDB: I have found that many of us start out in this work being a purist regarding theoretical orientation. For example, we might consider ourselves a rational emotive counselor. Then our clients teach us to be eclectic because they each require something slightly different.

JFT: I agree.

RDB: How might you start working with a client in your present position?

JFT: I start by asking them to send a résumé and possibly a cover letter so I can have a baseline to begin. Many want to conduct the whole process electronically. If I have to, that is OK. For example, with district offices, there is no way I can work at all of them. But I prefer face-to-face meetings. I want to assess a number of things at that meeting: How do they dress? How do they conduct themselves during an interview process? There are also personal struggles that people are a lot more likely to share in a face-to-face meeting. These are all important things to address in the career arena.

Also, I am known as the “packet guy.” I am always developing packets of information and resources to share with my clients.

RDB: Those packets can be very helpful, especially when seeking a federal job. Do you use the USAJOBS website?

JFT: Yes, I definitely do, but it can prove difficult for so many people to use.

RDB: Yes, it is cumbersome, but if one can learn to navigate that site, there are many available jobs there. I developed some handouts on the Career Center por-
tion of the ACA website to help candidates learn to navigate the USAJOBS website.

JFT: Hopefully, changes are coming soon to that job site to streamline the process. But, yes, there are many jobs there, and it is worth taking the time to learn about that website. I am also willing to read my clients’ federal résumés that they develop using the USAJOBS résumé builder.

RDB: Do you offer help with the KSAs (Knowledge, Skills and Abilities questions)?

JFT: Yes, I do. I am willing to read what they have written and provide feedback and recommendations.

RDB: Career counseling is really a passion for some of our members. How did you determine what area of counseling you were passionate about?

JFT: My parents worked really hard and didn’t have the luxury of being able to choose from a variety of career options. They are doing very well at this point, but I have seen their struggles and I do not take good jobs or opportunities for granted. I know they require hard work. I developed a passion for helping people find meaningful work.

RDB: Didn’t Freud say something like happiness equals a good combination of love and work?

JFT: Exactly.

RDB: So your family had a big influence on you. Was there someone else in your life who saw something special in you early on? Who valued you?

JFT: Again, I have to say my mother and father. My father used to call me Doctor, even when I was a kid. I suppose he wanted me to be a doctor. My parents wanted to expose us to culture. They took us to museums, concerts, plays, etc. My sisters took piano lessons, and I was in the band. They worked hard on nurturing our academic and personal/social development.

At school, when I got to Clark Atlanta (University), there was Dr. Robert L. Smothers (psychologist). He was a mentor to me and served as my dissertation adviser. He exposed me to scholarship, mentored me, shared with me and helped me to make good choices within the academic arena.

RDB: Has studying the field of counseling been transformational for you?

JFT: Yes, it has. You know another thing that really changed me?

RDB: What?
JFT: Attending ACA conferences.
RDB: In what way?
JFT: It has given me a chance to see other parts of the country and meet new people. I have made friends that I look forward to seeing year after year. It gives me a chance to really connect with people in my profession. And it is something to look forward to every year.
RDB: That is wonderful to hear.
JFT: Yes, I tell students in my classes if they can only attend one conference a year, make sure it is the ACA Conference. They can make lifetime friends and connections there, as well as see America!
RDB: I couldn’t agree more, and the variety of offerings gets better and better. Now back to your career. Here is an important question. What mistakes have you made along your career path? And more important, what lessons have you learned from those mistakes?
JFT: I have learned to follow my intuition. Usually, when I do not follow my intuition, I am sorry. I have also learned to reach out to mentors and colleagues. In the beginning, perhaps we see it as a sign of weakness to ask for help. I kept things to myself early on. That was a mistake. I tell my students to ask for support and guidance. Bounce ideas off of colleagues. That is a very important lesson.
RDB: Is there a saying, a quote or a book that you think about when you need to be inspired? Maybe something you think about when the going gets rough?
JFT: The 23rd Psalm is definitely inspirational to me. I have a sign up in my office that reads: Never, never, never give up. That is my motto.
My mom will always say, “You have come this far. You know what to do. Trust your own judgment.” She also tells me, “Always remember you are a gentleman, and always remain a gentleman.”
RDB: That is good advice!
JFT: Yes, it is.
RDB: You seem like a very busy person with a full life. What ways do you find to take care of yourself?
JFT: I like to walk and run and bike. Sometimes I take a mental health day off and just do nothing. I enjoy spending my free time and vacations with my family. I also try to have good meals with dessert!
RDB: Another good idea.
JFT: Yes.
RDB: Is there anything I have left out that you want our readers to know?
JFT: Yes, I want them to know that it is a privilege and an honor to help others. It honors you when clients share their personal life and struggles with you.
So many people in this country could never get to the master’s level or the doctoral level. You are an inspiration because of what you do. You must take care of yourself because when you work with a client, you represent all of us — the entire counseling profession. It is a sacred, honorable privilege to do this work.

Rebecca Daniel-Burke is the director of the ACA Career Center. She was a working counselor for many years and went on to oversee, interview and hire counselors in various settings. Contact her at RDanielBurke@counseling.org if you have questions, feedback or suggestions for future columns.

Letters to the editor:
ct@counseling.org

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ct@counseling.org
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**Does HIPAA require electronic claims submissions?**

**Q: I received a letter from (a managed care company) stating that all claims must be submitted electronically. They cited HIPAA regulations as the reason.**

**A:** We have not heard that HIPAA (the Health Insurance Portability and Accountability Act) mandates electronic billing, nor could we find any regulation requiring this when reviewing HIPAA's website (hipaa.org).

We also contacted Aetna's provider relations and were told the company does not currently mandate electronic billing. We likewise called the managed care company you mentioned in your question. Its provider relations representative told us the company is urging all providers to bill online either through its website, the provider's billing program or an electronic clearinghouse.

The representative would not state that submitting claims electronically is a HIPAA requirement. So, as far as we can tell, no such mandate from HIPAA is in effect.

We have begun to use electronic billing ourselves and outlined four ways for counselors to bill electronically in a past column. Our bulletin on electronic billing is available in the “Private Practice Pointers” section of the ACA website at counseling.org/Counselors/PrivatePracticePointers.aspx. We also acknowledge that many insurance and managed care companies may eventually require electronic claims submission to hold down health care costs.

We hope that ACA’s information on the subject will help our members in filing electronically. Members who have additional information on this topic are encouraged to e-mail us at walshgasp@aol.com.

**Q: I have a signed agreement with another professional counselor to comply with the “Counselor Incapacitation or Termination of Practice” standard (Standard C.2.h.) found in the ACA Code of Ethics. Now what?**

**A:** Feel good about yourself. You are complying with your professional organization’s ethical code to have a procedure in place in the event you cannot continue to provide services to your clients. Although we certainly hope you don’t have to employ that procedure, should it become necessary, your clients and their records will be in competent hands. Now make sure that you include the name and contact information of the records custodian in your informed consent document (which the ACA Code of Ethics also requires).

In our informed consent, we have the following clause: “In the unlikely event that I am unable to provide ongoing services, Jane Doe, LPC, will provide those services and will maintain your records for a period of seven years. Jane Doe, LPC, may be contacted at (include phone number).”

**Q: My solo private practice has expanded, and I am considering hiring another therapist. What is the difference between an employee and an independent contractor?**

**A:** Your question is more appropriate for an attorney or a certified public accountant. However, professional counselors need to be aware of how the Internal Revenue Service can make...
According to the IRS website (irs.gov/businesses/small/article/0, id=99921,00.html), "The keys are to look at the entire relationship, consider the degree or extent of the right to direct and control and, finally, to document each of the factors used in coming up with the determination."

The IRS has developed a list of 20 factors used to classify individuals either as an employee or an independent contractor. According to accountingpartners.com, "This list is commonly referred to as the '20 factors' test. This 20-point checklist is only a guideline; it does not guarantee that a person is correctly classified." For the complete list, go to webster.edu/about/policy/independent_contractor_checklist.pdf.

The IRS will also help in determining if your potential new hire is an employee or an independent contractor. You can go to irs.gov/pub/irs-pdf/ffs08.pdf and fill out the form. However, even the IRS admits it could take up to six months to get a determination. So you might just want to call an attorney or a CPA.

We will be presenting our private practice workshop, sponsored by the Illinois Mental Health Counselors Association, on Dec. 5 in Deerfield, Ill. Visit imhca.org and click on "Workshops" for more information.

ACA members can e-mail their questions to Robert J. Walsh and Norman C. Dasenbrook at walshgasp@aol.com and access a series of "Private Practice Pointers" on the ACA website at counseling.org.

Letters to the editor: ct@counseling.org

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**Counseling Strategies for Loss and Grief**

*Keren M. Humphrey*

 "Keren Humphrey has given mental health professionals a complete guide for working with diverse clients experiencing grief in a variety of forms. This book is well written, easy to understand, and is an excellent tool for beginning counselors or seasoned professionals."

—Elizabeth A. Doughty, PhD
Idaho State University

Based on contemporary understandings of the nature of personal and interpersonal loss and the ways in which people integrate loss and grief into their lives, this innovative book focuses on tailoring effective interventions to the uniqueness of the griever’s experience. In Part 1, Dr. Humphrey discusses a variety of death- and non-death-related loss and grief experiences, offers conceptualization guidelines, outlines selected psychosocial factors, and describes intervention based on two contemporary grief models. Part 2 provides detailed therapeutic strategies organized according to focus or theoretical origins along with suggestions for implementation and customization to client uniqueness. Specific chapters include cognitive–behavioral and constructivist strategies, emotion-focused strategies, narrative therapy, solution-focused therapy, and adjunctive activities. The final chapter focuses on counselor roles and recommended professional and personal practices. 2009 • 260 pgs

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American Counseling Association
800-422-2648 x222
counseling.org

The subtitle on the cover of this dictionary indicates the goal of Oxford University Press to market this reference book for a wide audience. It strives for authority, accuracy, readability and practical utility. The entry articles have the traditional structure of alphabetically sorted lexical items consisting of both words and phrases, short paragraphs of definitions and some commentary on usage, historical development and, rarely, etymology. These last three elements make the dictionary encyclopedic in scope, especially regarding the information provided on how obsolete theories have historically waxed and waned in importance.

Not only in order to particularize the generalizations above, but also to describe some gaps in the text’s lexicographical apparatus, we must move to specifics. The exceptionally brief front matter contains only a three-page preface and an 11-page list of abbreviations and acronyms. The proliferation of acronyms and their conflation with usage labels presents a problem in that some acronyms have a startling variety of ambiguities. Consider HHHO, which has the gloss “Hypotonia, hypomentia, hypogonadism, obesity syndrome” (p. xiv). This pattern of polysemy gives rise to the COIK effect in technical writing: “Clear only if known.”

Another example illustrates one of the gaps in the lexicographical apparatus. The acronym OBS means “Organic brain syndrome; obstetrics; obsolete” (p. xvii). Presumably the comma sage in the HHHO gloss contrasts in meaning with the semi-colon in these entries, but that explanation never appears. Nor does the word obsolete receive mention of its technical meaning in lexicography of “never occurring since 1755,” as contrasted with the archaic “rarely occurring since 1755” (in honor of the publication of Samuel Johnson’s first great dictionary of the English language).

The word psychasthenia receives the labels Obs. Janet disease. The editors could easily have used capping or lowering to differentiate linguistic labels from psychiatric labels, thus disambiguating obs. from OBS. Also, the use of the label Obs. sometimes appears without italics, and this further muddles the distinction as to the status of the linguistic label as opposed to the register-restricted meaning in the context of psychiatry.

The use of proper nouns in medical terminology, here Janet, Pierre, also raises the problem in that the iconic practitioners deserve the respect of a reasonable pronunciation for the names that match their ethnicity. Clearly, the Oxford editors wanted to save space by not providing pronunciations for all the entries, but it would help general readers and neophyte students of the discipline to understand that Janet as represented by the International Phonetic Alphabet (IPA) doesn’t sound like the anglicized Janet. Both the Oxford and Cambridge university presses have engineered IPA as the world standard for pronunciations in word reference books. Oxford surprisingly abandons this achievement. Perhaps the marketing editors thought that “rude colonials” might not buy the book because of IPA pronunciations? Unfortunately, Americans persist with the wildly eccentric respelling techniques that go back to Noah Webster.

Another problem with practical utility for the general reader occurs in the pattern of cross-referencing. The entry quasi-action has “See ludic activity,” but no back-reference appears at ludic activity to indicate that quasi-action may exist as a less frequent near-synonym. For another example, take pecatophobia, meaning “The fear of sinning. See scrupulosity.” There, scrupulosity means “Excessive meticulousness or punctiliousness … See obsessive-compulsive disorder.” Thus, if readers start with a definition of a low frequency word, they easily can move up the ladder of abstraction to fix the word in terms of its range and credibility. Moving the other direction, however, from the high-frequency emphasis on a concept such as OCD, readers cannot move backward to chart less frequent archaic or obsolete usages. This time-directionality mirrors the contemporary zeitgeist that privileges the newest slang but deprivileges both the historical development of disciplines and the etymological origins of the terms. Of course, practitioners with real clients do need to decode usages such as luding out, “A term of the drug subculture referring to methaqualone abuse, similar to addiction to the short-acting barbiturates.”

Quibbles aside, this newest edition of a prestigious reference work whose first edition appeared in 1940 represents a useful, inexpensive and authoritative addition to a practitioner’s professional library. Reading this text also supplies an entertaining and sometimes jarring experience of self-diagnosing. This reviewer, as a professor of linguistics, a specialist in lexicology and etymology, found the following entry simultaneously funny and disturbing:

epistemophilia “The love of knowledge or the impulse to inquire into things; said by psychoanalysts to receive its earliest important stimulation during the phallic phase, although preliminary preparation is gained through interest in other and earlier erotogenic zones.”

Reviewed by John Taylor, professor of English, South Dakota State University
Remembering Our Childhood: How Memory Betrays Us

Anyone who has compared a childhood memory with a sibling’s recollection of the same event will relate to one of Karl Sabbagh’s main points in Remembering Our Childhood: Our earliest memories are often unreliable. Sabbagh says that most of us don’t remember anything before the age of about 2 1/2 due to the phenomenon of childhood amnesia. He describes the research and findings related to why we don’t remember the earliest parts of our lives.

That research seems to indicate that until people’s brains and language centers are mature enough to help them understand and assign meaning to the events of their lives, they simply don’t remember what happens to them.

But in examining numerous studies related to memory in general, it is not only childhood memories that Sabbagh finds unreliable. Many researchers have found that most of our memories are easily influenced by suggestion and are far more fallible than we would like to think. They contend that memories are products of reconstruction more than recall.

Another area Sabbagh explores is people’s ability to recall traumatic events, particularly childhood abuse. In this section of the book, he makes his strongest point: We shouldn’t trust so-called repressed memories of childhood abuse, especially in courts of law. This opinion is likely to be a point of controversy among therapists who read this book, and Sabbagh keeps this in mind as he cites study after study to support his position. From the famous 1980s McMartin Daycare Center case, which involved numerous accusations of horrific abuse but ended with no convictions, to the British False Memory Society, Sabbagh’s review of the fallout from suddenly remembered stories of childhood abuse is comprehensive and compelling.

He even makes parallels between the “memories” of people who believe they have undergone alien abductions and those who recover memories of childhood abuse, often under the guidance of a therapist who believes in repressed memories of child abuse as the source driving many psychological ailments. For such therapists, Sabbagh has little respect. Because child abuse is such a real, damaging and traumatic problem for so many, Sabbagh believes the therapy and reporting of it should be handled with the utmost integrity and care, thereby ensuring that justice is done.

Sabbagh wrote Remembering Our Childhood to remind therapists and their clients that good science should be the basis for all therapy. Even Sabbagh admits this is easier said than done, especially with something as unreliable and intangible as memory.

Reviewed by Carrie Thiel, graduate student in mental health counseling at the University of Montana.

Ruth Harper is the column editor for Resource Reviews and a professor of counseling and human resource development at South Dakota State University. Contact her at Ruth.Harper@sdstate.edu.

Letters to the editor: ct@counseling.org

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In the August Digital Psyway column, I discussed how counselors and academics could use social network forums such as MySpace, LinkedIn, Ning and Facebook. Since that time, I have had a couple of experiences that brought the safe and professional use of social networking sites back into question:

- A student in my counseling program posted, “I am so tired. I hope that I can stay awake in class tonight. I hope that the instructor keeps my interest.”
- A working counselor whom I know posted, “I partied so hard last night. I am still fuzzy this morning and have to go to work.”
- A discussion took place in our counseling program about the use of Facebook after recognizing that counseling student trainees and their supervisors had “friended” through social networks.

The discussion of personal openness is a familiar one to counselors. How do you set appropriate boundaries between yourself and your clients, especially in instances in which technology is involved? I suppose each of us has our own definition of professional boundaries, and what may be “too open” for some would not be perceived that way by others.

The more time I spend with those who are younger than me, the more I learn of the generational differences in technology use and the permeable boundaries created with a “plugged in” generation. Many of us feel threatened by technology’s growing intrusion into our personal lives and recognize the potential implications of failing to protect our personal space. But to those born into a digital world (the “Digital Natives”), the world has always been “connected.”

- The technology generation gap in the workplace: tinyurl.com/cswovl
- Digital Natives and digital privacy: tinyurl.com/y9dxgny
- “Nowhere to hide: Internet renders boundaries porous for psychologists and clients”: tinyurl.com/yemrsc
- Professional ethics and social media: tinyurl.com/lqkmeq

Social network mishaps

If you spend any time reading a social network site, you are bound to come across a post or two that makes you mutter under your breath, “What were they thinking?!” Nothing represents how blurry personal boundaries can get than hearing about cases where the boundaries broke down.

- Facebook firing: tinyurl.com/ykbg6aq8
- “8 Examples of Facebook Embarrassment”: tinyurl.com/yctryj8x
- Teacher suspended for Facebook comments: tinyurl.com/y8opyq6
- “How Facebook Can Get You Fired”: tinyurl.com/yj969im
- “Posting Information Online Can Get You Fired”: tinyurl.com/yb3ov6k

Professional presence

Is there a judicious way to create a social network page where you can maintain your privacy for friends while also having a public professional persona? Many counseling professionals who use social networks create separate accounts — one for their professional business and one for their personal circle. Another option is to use different social network platforms for each purpose. Some social networks are geared more toward professional networking (for example, LinkedIn and Ning) and may offer an outlet for your professional page. If using a social network site to promote your practice, consider some suggestions from marketers about making your page engaging to readers.

- Basics of Facebook: tinyurl.com/8ugsnv
- Create a professional Facebook page: tinyurl.com/yb3ov6k
- Facebook etiquette tips: tinyurl.com/y9d3smo

Limiting access

With social networking becoming so popular (in some cases, it even qualifies as compulsive behavior), some schools, counseling agencies and other places of employment have banned its use. This step has been taken not only to protect students and employees from posting personal and protected business information but also to protect against lost hours and bandwidth while these individuals are in school or on the job.

- “College athletes deal with MySpace, Facebook”: tinyurl.com/ybq7cf0
- Facebook/Twitter banned by most employers: tinyurl.com/m7y7y9c
- Military may ban Twitter/Facebook as security issue: tinyurl.com/yadsh6
- Twitter, Facebook banned by Marines on Military Network: tinyurl.com/m7y7b
- When the boss invades Facebook: tinyurl.com/9n9wck

Security and privacy

Social networks provide the opportunity for users to connect with old friends and network with new ones. Part of the richness of the environment involves sharing your interests and personal information. Therein lies the trap. Information shared, if not protected, can be compiled by searching for identifying personal trends. This information not only helps marketers learn which advertisements to send you but also aids identity thieves in their schemes to commit identity fraud.

In response to concerns about the porousness of social networking information, Facebook announced new
privacy options in August to be rolled out over the next 12 months. Of greatest concern is the mining of information by social network applications. Each time you participate in a social network questionnaire such as “Which Harry Potter character would you be?” or “What type of wife will you be?” you open yourself and your friends to the mining of information posted on your profile. The following links concern keeping your privacy hidden in social networks.

- Facebook privacy help center: tinyurl.com/yedoz9h
- How to use Facebook privacy settings: tinyurl.com/c5ck55
- Ten privacy settings: tinyurl.com/c59bzd
- Professional Facebook privacy: tinyurl.com/knp656
- Facebook announces privacy improvements: tinyurl.com/y9ztx43
- Facebook moves to improve privacy: tinyurl.com/yab2bm7
- What Facebook quizzes know about you: tinyurl.com/bcy7hw4n
- Privacy and apps: tinyurl.com/6l6x5e

**Social network research**

Social networks and the communication and relations patterns are being researched to better understand how people engage in forming social networks. Are social networks and relationships that emerge from them real? That is best answered by the perception of the user involved in a social network. If you view these networks as a way to avoid face-to-face or “real” relationships, you are probably applying a generational template that does not match the relationship template used by Digital Natives.

In addition to understanding the formation of social network relationships, researchers are looking at social connections to predict interests, behaviors and qualities of a user.

- Research on social network sites: tinyurl.com/36l2u8
- “A social network caught in the Web”: tinyurl.com/jbrk2ob
- “A privacy paradox: Social networking in the United States”: tinyurl.com/yegfltw
- MIT experiment identifies gay students using social network data: tinyurl.com/neur4t
- Social capital and college students’ use of online social networks: tinyurl.com/ypp7j5
- Ethical dilemmas for professors: tinyurl.com/yauggf

So how did I handle the three boundary issues that were the genesis of this column? For the student who posted about hoping the instructor could maintain her interest, I responded by posting to her, “I will do my best to encourage your instructor to pay special attention to your pre-somnolent state.” She was surprised I had been able to see the post and assured me the course she had referred to was not in our program.

For the practicing counselor who divulged her hard night out, I sent a private message suggesting that she limit access to her posts and think about the implications of a client or employer seeing such a public disclosure.

As for our program’s discussion about social networking, it is not over yet, but it has caused me to look closely at my Facebook page and restrict access only to those who are personal friends. Another strategy I have used is to incorporate the use of social networking platforms into my college teaching course. I use Ning for the class, which allows me to control who is in the group (class only) and lacks those pesky games and apps found on Facebook. Using the social network in a class gives future educators and practitioners an opportunity to test the platform in the confines of a learning environment.

You can find these and other links on The Digital Psyway companion site at digitalpsyway.net. Did we miss something? If so, submit your suggestions to the author at mjencius@kent.edu.

Marty Jencius is the column editor for The Digital Psyway and an associate professor of counseling and human development services at Kent State University.

**Letters to the editor:** ct@counseling.org
Conferences on a budget

Note: Visit my.counseling.org to read ACA blog posts on a wide variety of topics of interest to counseling professionals. Multiple posts are added each week. Reader comments are welcomed and encouraged.

If there is anything all of us graduate students have in common, it is that we live on a budget. Some of us have a measly assistantship stipend that gets us through, some of us live on Ramen noodles and PB&J sandwiches, while some of us borrow the money we need to live comfortably but with the looming worry of paying it all back after graduation. Whatever your situation, something tells me that dishing out money for a professional conference isn’t high on your priority list … but maybe it should be. Here are some tips for getting to those conferences on a budget.

Choosing a conference

This isn’t as easy as it sounds, and just choosing a conference based on how much they charge for registration isn’t your best bet. Choose your conference based on your interests, your future goals and your financial budget. Decide what type of conference you want. Are you looking to network and have a broad range of topic areas to explore? Head to a national conference. If you have a focused interest like supervision in counseling or family therapy, find a focused conference. The key here is to get the most bang for your buck.

Financial help

So you have decided on a conference that you will benefit from most. Now how to pay for it? There are a lot of ways you can get other people and organizations to help.

1. Apply to present a paper, session or learning institution — most conferences offer financial perks for those who are presenting. These range from free registration or payment of membership dues for the organization to free lunches and dinners at the conference.

2. Your graduate program will often offer small funds for students who are presenting at conferences. If this is the case, ask if your program will match financial assistance from other sources. For example, if ACA pays for your registration fee (let’s say it is $100), although you don’t actually see the money, you can let your school know that your grant is for $100, and some schools will match it.

3. Grants — This is an underutilized source for those who qualify. Many grant opportunities exist for students who are presenting at conferences. They know we are students and need the extra help, so many organizations set money aside for this purpose. Ask your program faculty. They get e-mails about this stuff and are just waiting for you to ask. (Editor’s note: Turn to pages 54 and 63 to find out about scholarship opportunities to attend the ACA 2010 Annual Conference.)

4. Register early — Most conferences offer incentives in the form of discounted registration rates if you register early. Usually, the longer you wait the more expensive it gets, so it doesn’t pay to procrastinate.

Travel expenses

Transportation — As for airfare, the earlier you book the better. Usually, any-
ACA will be hosting the American Red Cross Foundations of Disaster Mental Health training at the 2010 ACA Conference & Exposition because we realize that in a disaster environment, mental health services are in high demand and ACA often helps in the deployment of trained professionals to the disaster site. To take this free course, you must meet these qualifications:

1. You must be licensed for independent practice by a State Counseling Licensure Board. Counselors in a two-tier state must be licensed at the higher, independent practice level; or a School counselor or school psychologist who has successfully completed a masters or doctoral degree and holds a current state license or state certification.

2. You must have a valid practicing license at the time of training.

3. You must be a current ACA member.

4. You must pre-register. No onsite registrations can be accepted.

Class size is limited, so call today to receive your registration materials. To request registration materials, please contact Debbie Beales at dbeales@counseling.org or 800-347-6647, x306.

All registration materials and other required information must be received and approved by the Red Cross before acceptance to the training is granted.

If you will not be attending the ACA conference, but are still interested in taking this training, you can contact your local chapter Red Cross by typing in your zip code at www.redcross.org (this brings up your local chapter’s contact information) to find out when they will be conducting this training in your area.

Jessica Diaz is a vocational rehabilitation counselor and third-year doctoral student and a former student representative to ACA’s Governing Council.

Foundations of Disaster Mental Health Training

Friday, March 19
8:00 am – 4:00 pm
Counselors across the country are heeding the call to conduct research, working not only to increase the knowledge base of the profession but also to improve society as a whole. Following their passions, they search for information that may hold the key to effectively confronting some of society’s most vexing problems, from dating violence to school bullying.

Conducting research is one of the hallmarks of a profession, says Thomas Sweeney, professor emeritus at Ohio University and executive director of Chi Sigma Iota Counseling Academic & Professional Honor Society International. “Professional counseling has prided itself on seeking the best research available upon which to base its practice,” says Sweeney, a past president of the American Counseling Association. “Because we are now recognized as a profession, it is incumbent — especially on those of us in higher education — to further our knowledge base beyond that learned through other professions.”

Research goes hand-in-hand with being an effective counselor or counselor educator, Sweeney contends. “An effective practitioner or counselor educator must stay abreast of the most current literature, including that associated with research outcomes. It is a professional and ethical responsibility to seek best practices, to advance our understanding of client needs and to continually find more effective ways to serve all who need our services.”

Counseling Today recently contacted several ACA members who have exhibited a passion for research. Read on to find out more about their efforts on the cutting edge of the counseling profession.

Kelly Wester
Subject: Self-injurious behaviors

When Kelly Wester spent time as a counselor in a male juvenile correctional facility, she found that about half of the clients she saw engaged in self-injury. Wester, an associate professor at the University of North Carolina at Greensboro, wanted to figure out why the boys were injuring themselves and how to help them stop, but when she tried to find literature on the topic, she came up short. So Wester took it upon herself to find the answers.

Wester was awarded the 2008 Ralph F. Berdie Memorial Research Award by ACA for a five-year study she began along with colleague Heather Trepal last year. “This research on self-injury and understanding the behavior is important because very little is known about it in the general or college populations other than prevalence,” Wester says. “Most of what has been researched has been in inpatient settings. Very little is known about how self-injury develops or the trajectory of self-injury among young adults and the factors that relate and fluctuate with the behavior.” Wester and Trepal’s study focuses on two college campuses and examines the relationship between mental health, self-injurious behaviors, coping skills, interpersonal relationships and adjustment to college.
The study, supported by a grant from the American College Counseling Association, a division of ACA, began with freshmen at the two universities last year, and it will continue to follow them as they progress toward graduation.

“One of my main goals in this study is to determine how self-injury changes and what factors in an individual’s life seem to be related across the changes — increases, decreases, picking up or extinguishing the behavior — across time at the college level,” Wester says. Although the study is only in its second year of data collection, Wester also finished a small pilot study in an outpatient mental health facility that offered some insight. One positive result, she says, was that self-injury decreases while individuals are seeking counseling. One surprise? “Counselors who approached their client from a person-centered approach had clients who increased the self-injurious behavior,” she says.

Wester hopes her research will shed light on an area about which very little is known. “Understanding the trajectory of self-injury and the factors that are helpful or hinder the changes in self-injurious behavior are extremely helpful to practitioners,” she says. “It would inform how they work with clients who self-injure, the length of time it may take to decrease the behavior and factors that put a client at risk or offer resiliency. Eventually, this research and having a better understanding of self-injurious behaviors in outpatient and general populations can lead to more effective treatment.”

After this study, Wester sees a need for more research concerning adolescents, where self-injury typically originates, and in finding evidence-based practices for working with self-injurers. On a broader level for the counseling profession, Wester says research in the area of needs assessment is important to ensure that the right programs are being offered within schools. “Otherwise, we base all of our decisions on our gut reactions and our subjective thoughts, some of which are incorrect. Combining one’s intuition and experience with research is invaluable.”

Want to know more? Contact Wester at klwester@uncg.edu.

Arthur “Andy” Horne
Subject: Bullying

Arthur “Andy” Horne began working with students who exhibited behavior problems when he was a school counselor. Now dean of the College of Education and distinguished research professor at the University of Georgia, Horne’s decades of work and research have evolved into an ongoing research and intervention project examining the development and maintenance of aggression and violence in young people. For the past decade, the project has focused on bullying, says Horne, who received the 2008 ACA Extended Research Award for his many years of dedicated research.

The Bully Busters Program, which Horne initiated about 15 years ago,
involves elementary school, middle school and family treatment interventions, as well as ongoing research and evaluation programs to gauge Bully Busters' effectiveness. "The goal of the Bully Busters Program is to understand how bullying behavior develops, is maintained and how it can be reduced or eliminated," Horne says. "The primary application is a systemic intervention in which a school, classroom or family is engaged in developing awareness, definitions and incidences of the problem; potential interventions for bullies, victims and bystanders; and tools to attempt to prevent the problem from developing."

"In an effort to promote social justice, it is essential that we develop communities — schools, classrooms, family settings — that provide respect and dignity for all people," he says. "A community that includes violence, aggression and bullying prevents our efforts of developing a just society." Bullying is particularly important to tackle because it stems from an imbalance of power, is intentional and endures, Horne says. One characteristic of bullying is that the targeted individual anticipates the ongoing threat and feels there is no way out. To drive home this point, Horne uses the illustration of an encounter with an aggressive driver. While other drivers may feel threatened by and get angry with the aggressive driver, those feelings typically pass soon after the encounter ends. In comparison, those feelings don't pass for a bullying victim because the threat is always there. "We do not — or certainly should not — tolerate such behavior from adults," Horne says. "There is no reason we should allow our children to live under such circumstances either."

Horne and his team have conducted research in middle schools, creating groups for students with bullying behaviors, groups for students who have been the targets of bullies and mixed groups. Horne found that in their respective groups, bullies became more effective at bullying, while targets of bullying complained they lacked the tools to solve the problem. And in the mixed groups, the bullying manifested itself. "We learned that very skilled group facilitators could manage these problems and have effective outcomes but that less-skilled or untrained group facilitators were not effective in managing bullying and that, in fact, the behaviors escalated following the group efforts," Horne says. "This wasn't surprising or unexpected but did convince us we needed to go in a different direction — working with classrooms and other group settings wherein a social-emotional psychoeducational approach was implemented. As we began that effort, the results became more encouraging and positive."

Although Horne has developed a series of activities to be used in classrooms, what matters most, he says, is creating a culture of respect and an environment where bullying has no place. "We have three beliefs that direct the work: All children can learn, all people in our schools are to be treated with respect and dignity, and there is no room for violence or aggression in our schools or families." Horne says the first focus should be prevention because it's always better to prevent problems than treat them. He also notes that bullying interventions require skills in group facilitation. "We advocate that counselors and school psychologists, or similarly trained professionals, should work with teachers to model and facilitate the prevention model in classrooms and/or provide leadership with students and families to help reduce the problem."

Horne's research has resulted in a number of publications, but he insists the objective was never just to publish — it was to impact the quality of students' lives and maintain ongoing research that examines what works and how. Working from measurable accomplishments is crucial, he says. "We consistently have educators tell us what a great job we are doing with our bully intervention program, and yet our data challenges those affirmations," he says. "In some cases, we are told the outcomes are dramatic, but our data are not always so supportive. Then we have to ask the hard questions: Why? What isn't working? How can we do it differently to get a more positive result? We have the lives of students impacted by our decisions, so the choices should be driven by careful evaluation and examination. Otherwise, we are cheating those most dependent on us."

What would Horne like other counselors to know? That change is in their hands. "It is possible to have a substantial impact on bullying in schools and communities, and it is the responsibility of counselors to initiate programs that can improve the lives of our students and their families. The work is difficult and requires a commitment, but the payoff is worth it and the impact on students' lives is substantial."

Want to know more? Contact Horne at aborne@uga.edu.

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**Casey Barrio Minton**

Customer Services Administration and invited

Subject: Crisis intervention

When Casey Barrio Minton was working at her first internship as a master's student, she had a client who was having suicidal thoughts. Although Minton had learned about suicidal clients in class, she didn't yet feel prepared to put that knowledge into action. So she turned to her internship supervisor, who in turn went to her own supervisor. "Through the process, I learned that many counselors feel unprepared to work with clients who are having thoughts of suicide," says Minton, now an assistant professor and coordinator of the counseling program at the University of North Texas. "Soon after graduation, I accepted a position in a setting that called me to work almost exclusively with clients in crisis. Through those experiences, I became more and more aware of the importance of crisis preparation, and I became passionate about understanding how we can best prepare counselors to best help clients."

Minton has been studying various elements of crisis intervention for three years. In 2007, she and her colleague Carrie Wachter Morris received an Association for Counselor Education and Supervision Research Grant to study new counselors’ crisis preparation experiences before and after graduation. About the same time, another of Minton’s colleagues, Carolyn Kern, received a Campus Suicide Prevention Grant from the Substance Abuse and Mental Health Services Administration and invited
her to serve as coinvestigator. In that study, Minton helped provide suicide gate-keeping training on campus and assisted in evaluating its effectiveness. Last year, she began working with the Texas Department of State Health Services to develop and pilot a curriculum to help laypeople respond to the psychological needs of disaster survivors.

During the course of her research, Minton wasn’t shocked to learn that not only do counselors see clients in crisis on a regular basis but that many counselors also lack the proper training to handle those situations. What did surprise her was how resourceful both counselors and clients were in finding ways to respond to crisis. “I was also very encouraged to learn what big differences things as seemingly small as a half-day or weekend workshop can make in counselors’ crisis intervention self-efficacy and subsequent reports of intervention activities,” she says.

The results of Minton’s research indicate that effective training activities are readily available. “Students and practitioners need to be intentional about finding opportunities to practice and get feedback about their crisis intervention activities,” she says. “To date, my research has helped us to better understand the current picture of crisis preparation training in counselor education, and we have a foundation that suggests that some crisis preparation curricula really do help people to believe that they are more competent.” The next step, she says, will be examining the degree to which different approaches are effective. Although conducting field research with people in crisis is problematic, Minton sees potential in assessing crisis intervention techniques through role-playing.

Minton says it’s crucial for counselors to conduct research across the entire scope of the profession because they owe their clients competency and practices that offer a reasonable promise of success. Research, she says, is the way to find out what works. She likens the importance of research to her recent search for a new car. “I was particularly concerned about making a good investment that would serve me in the long term,” Minton says. “It wasn’t enough for me to simply hear a salesperson tell me that the vehicle was pretty and that she believed with all her heart that the vehicle would be good for me. I needed some kind of evidence about cost of ownership, likelihood of various problems, etc. Counseling is a lot more complex than buying a car, and I don’t consider counselors to be salespeople, but the principle stands. When I choose a counselor, I want one who both believes passionately in the service and can back up that belief with something concrete. If not, I’ll keep shopping.”

Want to know more? Contact Minton at casey.barrio@unt.edu.

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“"When I choose a counselor, I want one who both believes passionately in the service and can back up that belief with something concrete. If not, I’ll keep shopping."
Heather Robertson
Subject: Youth gangs

The old proverb “It takes a village to raise a child” still rings true today, says Heather Robertson. The importance of community in the lives of young people is just one of the lessons she learned during years of studying youth gangs. As part of her dissertation, Robertson, who earned her doctorate from North Carolina State University, conducted a four-month research project into the world of young people involved in gangs.

“I became interested in youth gangs when I moved to the Raleigh, N.C., area from coastal North Carolina,” says Robertson, a crisis counselor for Carteret County Schools in North Carolina. “Even in the first elementary school I worked in, I began seeing young kids drawing gang symbols and wearing the beginnings of gang paraphernalia like bandanas and particular colors.” She then began working at a high school and learned even more about youth gang involvement. The more she learned, the more interested she became. “I was working as a crisis counselor, and that allowed me access to many kids who were gang-involved,” she says. “My heart went out to them because they became labeled so quickly, mostly due to their trouble with the juvenile or adult judicial systems.”

Robertson’s research project was aimed at discovering, through the voices of the gang members themselves, what the experience was like for youth gang members in an area where gangs were just starting to sprout. She worked with a half-dozen young people who attended a program called Second Round, a boxing and physical fitness program that also involved mentoring youth gang members. Robertson’s group was made up of males of different ethnicities between the ages of 18 and 23.

The research project included three parts. First, Robertson had the young men draw a map of their neighborhood and encouraged them to label locations where possible gang activity or other things such as drug activity might take place. In reviewing the map, she also wanted the young men to discover the positive places and people in their communities. The second part of the project involved a “photovoice” activity in which the youth gang members took disposable cameras into their homes and neighborhoods in an effort to answer Robertson’s four research questions. The questions concerned finding out in what ways individuals who influenced the young people the most contributed to their gang involvement, how where the young people lived contributed to gang involvement, what was helping them the most in the intervention program and how they differed from their peers who weren’t in intervention programs. The final part of Robertson’s research involved interviews with the young men about their lives and the circumstances that led to gang activity.

The biggest surprise from her research, Robertson says, was finding out that the youth gang members were holding their gang activities in other neighborhoods of the city, not their own, because they didn’t want those activities taking place near their own homes and families. According to Robertson, the significance of this finding is that counselors and others cannot assume where the focus of education and intervention should be. The participants in Robertson’s research were not the stereotypical youth so often seen in media portrayals of gang involvement — namely, young people living in poverty. Instead, her small sample size indicated that in this emerging area of gang activity, the youth were still living at home, usually in more suburban neighborhoods.

“Gang members are more multicultural and multiage and are living anywhere from the inner city to the most rural of places,” Robertson says. “Opportunities need to be available everywhere — not just in inner cities or to give youth positive options rather than joining one of the local gangs.”Another significant finding, Robertson says, is that her research subjects indicated the main reason they continued attending the intervention program was because of the mentoring, friendship, acceptance and support they received from the coaches.

Looking back on her research, Robertson says it’s important for counselors and criminal justice personnel to work together. “Working as a team, where counselors can intervene as much as possible and do as much prevention and early intervention with the youth before they have their first offense in the juvenile justice system, is of utmost importance in saving as many kids as possible,” she says.

Robertson also encourages her fellow counselors not to be afraid of working with this population. “It’s all about developing a trusting relationship with the youth,” she says. “It’s about mutual respect, not for what they have done wrong or even continue to do wrong as a gang member, but for who they really are inside. Pulling that out of them and beginning to recognize the positives they have going for them is what it’s really all about.”

Want to know more? Contact Robertson at heatherjean_r@yahoo.com.

Andrea Dixon
Subject: Mattering

Mattering, or mattering to others, was first termed in 1981 by Morris Rosenberg, but it wasn’t until the 21st century that it garnered closer inspection. “Mattering to others is focused on individuals’ interpersonal relationships and their perceptions of whether they believe they matter to others who are significant to them,” says Andrea Dixon, associate professor of counselor education at the University of Florida.

Dixon would know — she has studied the subject for nine years and believes she has published more on mattering in the counseling field than any other researcher. She is careful to note that mattering is different from having a sense of belonging. “Mattering focuses on whether we believe we matter to others on individual levels — mother, father,
Counselors are informed daily of their mattering to clients if their clients are accountable to them and committed to growth, change and the counseling relationship. When counselors think they matter to their clients, they feel greater meaning in their professional lives and more desire to help, Dixon says.

Just as counselors want to matter to their clients, clients want to matter to their counselors. “Clients who believe they matter to their counselors are likely to be more productive in counseling, show efficacious outcomes and have a greater sense of trust in their counselors,” Dixon says. She adds that counselors are in good position to demonstrate how important clients matter in the counseling process and to communicate that they rely on clients for successful outcomes. She suggests counselors stay current with the research, verbally express how much clients matter in the counseling process and use empathic eye contact and nonverbal gestures to express importance to clients.

“The counseling relationship illustrates such a significant interaction where mattering acts as a powerful dynamic,” Dixon says. “When clients and counselors perceive they matter in the counseling relationship, the shared relationship can act as a powerful force for change. In addition, counselors are in the unique position of modeling the facilitation of mattering for clients with the hope that clients will apply it in other relationships.”

Dixon is currently conducting mattering research with elementary-age students, which she says has never been done before. She’s also studying mattering with academically successful African American school-age males in an effort to determine how mattering aids academic self-efficacy and relationships at school.

To Dixon, research isn’t a privilege, it’s a responsibility. “As we move further into the 21st century, our call is to advocate for social justice and equity for all clients, as well as culturally conscious and ethical counseling services,” she says. “There is no true competent manner of following through on these calls to our profession without curiosity, questions and research outcomes that only we can make happen. As professional counselors, conducting research is not an extraneous activity that we engage in — it is an expectation.”
Today and into the future, it is one of our critical responsibilities as agents of change and wellness.”

Want to know more? Contact Dixon at adixon@coe.ufl.edu.

Amy McLeod
Subject: Intimate partner violence

Amy McLeod began researching intimate partner violence (IPV), a health concern that disproportionately impacts women, in an effort to give survivors an outlet to talk about their personal strengths and resources. McLeod, an assistant professor in the counseling department at Argosy University’s Atlanta campus, won the Glen Hubele National Graduate Student Award from ACA in 2008 for a two-year IPV research project she conducted between 2006 and 2007. “By listening to these stories of survival, counselors can learn how to more effectively assist women in the process of leaving violent relationships,” says McLeod.

In conducting the research as part of her doctoral studies in counselor education and practice at Georgia State University, McLeod contacted counseling agencies and community centers, encouraging them to hand out fliers informing IPV survivors of her study and letting them know how to contact her. McLeod was looking for women over the age of 18 who had been in an abusive relationship that had ended at least six months prior; the women couldn’t currently be in a crisis situation. Five women contacted McLeod and agreed to participate.

McLeod met with each of the women individually at whatever location made them feel most comfortable. She asked questions about the women’s experiences accessing personal and community resources when they were leaving their abusive partners. “I was awestruck by the courage of the women who shared their experiences to help counselors learn how to better help women in the process of leaving abusive relationships,” she says. “During the interviews, many of the women showed me the scars left on their bodies by their abusers. At one point in their lives, these women took great care to hide their scars and bruises due to shame. This was such a beautiful representation of strength and healing. These women chose to break their silence about IPV, to show their scars, in order to help other women in violent relationships.”

The study participants shared positive experiences they’d had, such as being offered protection, being asked directly by a counselor about IPV and engaging in self-care activities. They also revealed negative experiences, including counselors siding with the abuser or misdiagnosing the issue. On the basis of that information, McLeod developed an IPV competency checklist for counselors. “A few of the topics covered on the checklist are universal screening for IPV, providing information about IPV resources regardless of disclosure, addressing the impact of IPV throughout the counseling process and assessing the personal strengths and resources of IPV survivors,” McLeod says.

“My hope is that this study raises awareness about the prevalence and impact of IPV,” says McLeod, who adds that a future area of IPV study could be with lesbian, bisexual and transgender women. “Through the experiences of the women who participated in this study, counselors can learn how they may inadvertently respond to IPV survivors in an ineffective or even harmful manner. Counselors can also learn about the extra steps they can take to make sure they are meeting the needs of IPV survivors.”

Want to know more? Contact McLeod at almcleod@argosy.edu.

Isabel Thompson
Subject: Wellness and self-care

The topic of wellness and self-care is of vital importance to counseling students, says Isabel Thompson, assistant admissions coordinator and doctoral fellow at the University of Florida. Thompson, along with research adviser Sondra Smith-Adcock and coresearchers Cheryl Pence Wolf and Eric Thompson, found through reviewing research on the topic that the level of wellness for counseling students typically remains static throughout their counseling programs, meaning programs typically come up short in teaching students strategies to improve their wellness and self-care. The troubling aspect, Thompson says, is that counseling students really need to learn these skills before heading into the workforce.

“Counseling graduate students seem to find it easy to get overwhelmed. They talk about their need for self-care but neglect to actually follow through,” she says. “Self-care and personal wellness impacts who we are as therapists and what we bring to our clients, so it was imperative for us to make an impact on the students in our program.”

With that in mind, Thompson and her counterparts began a wellness research project in 2007 that received a grant from Chi Sigma Iota in 2008. The study began with an informal needs assessment in which students were surveyed to gauge which wellness topics were of interest to them. Thompson and her team then developed workshops based on those topics. Students, alumni, faculty, staff, friends and research participants were invited to attend, and weekly e-mails went out describing upcoming workshops. Almost 40 counseling students participated in the study, Thompson says, completing both a pre- and post-test to assess change in overall wellness. “We asked participants to commit to working on improving at least one area of wellness during the semester and provided them with worksheets and tracking sheets to help them determine or track their level of well-being,” she explains.

Although the workshops attracted a lower turnout than expected, Thompson says a noticeable increase took place in the level of wellness. “We found through reviewing research on the topic that the level of wellness for counseling students typically remains static throughout their counseling programs, meaning programs typically come up short in teaching students strategies to improve their wellness and self-care. The troubling aspect, Thompson says, is that counseling students really need to learn these skills before heading into the workforce.

“Counseling graduate students seem to find it easy to get overwhelmed. They talk about their need for self-care but neglect to actually follow through,” she says. “Self-care and personal wellness impacts who we are as therapists and what we bring to our clients, so it was imperative for us to make an impact on the students in our program.”

Want to know more? Contact Thompson at almcleod@argosy.edu.
The six-hour workshops are facilitated by either Catherine Rains, (formerly Catherine Holmes), M.S.; Sherrie Haynie, M.Ed., or Judith Grutter, M.S., NCC, MCC.

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The six-hour workshops are designed for career counselors and academic advisors who support college and high school students, as well as all practitioners who help adults with career decisions. This program has been approved for the National Board for Certified Counselors (NBCC) CEUs.

* This is not a Strong Interest Inventory® or Myers-Briggs® qualifying course. If you are not associated with an accredited school, or have not taken a course in tests and measurements, completion of a qualification course would still be a prerequisite to purchasing the Strong and Myers-Briggs assessments, even if you attend this workshop. For more information on qualification courses, please visit www.cpp.com/qual.

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exposure to a wellness philosophy had on participants and learn about contextual factors that may have impacted wellness.”

Although previous research suggested that counseling students’ wellness had not improved during the course of their counseling programs, Thompson’s research showed that an intentional focus on wellness had a positive effect on students. Thompson says her team is not sure that workshops are the most effective way to increase wellness, but they’re hoping to make a clearer determination in their follow-up study.

“It can be challenging to make the time for activities that promote personal well-being when there are so many other demands,” Thompson says. “However, if students don’t learn to integrate it into their academic lives, then it is possible that they will not incorporate it into their professional lives when it will be crucial to reducing stress and preventing burnout.”

When students learn to take care of themselves, they become more effective counselors for their clients as well, Thompson says. “Counselors who understand the effort it takes to enhance personal wellness can more effectively support clients to make intentional changes,” she says. “It is our hope that students are learning how to better take care of themselves and can serve as role models for their future clients by taking the time and initiative to practice self-care.”

Want to know more? Contact Thompson at isabelthompson@gmail.com.

Danica Hays
Subject: Domestic violence in adolescent and college relationships

Danica Hays, an associate professor of counseling and graduate program coordinator at Old Dominion University, has been studying intimate partner violence since 2003. In the past few years, she has focused her attention on domestic violence intervention and prevention in adolescent and college dating relationships. “With approximately 25 to 30 percent of adolescents experiencing unhealthy and abusive acts each year from a dating partner, we saw an opportunity to intervene with adolescents ages 12 and older and provide training materials to those who would be working with these adolescents,” says Hays, who won a Counselor Educator Advocacy Award from ACA this year in honor of her advocacy-based research.

Hays’ answer to this growing problem was a service-research initiative called the Healthy Relationships Project, which she began in December 2008. The twofold purpose of the project, she says, is to educate adolescents who may be in dating relationships and provide training materials to assist mental health professionals in helping clients achieve healthy relationships. Hays’ project partnered with a local Girl Scout troop to provide a series of workshops, which began this past spring. The workshops focus on topics such as promoting healthy relationships, gender and cultural norms in relationships, introduction to dating violence and...
preventing dating violence. The Healthy Relationships Project also has an outreach arm that provides a training program to help counselors and other professionals increase their knowledge, awareness and skills concerning this topic. “The training seminar consisted of four hours of a free continuing education opportunity for students and practitioners,” Hays says. The project is being implemented in the current school year with middle school, high school and college students.

Although the research is ongoing, Hays says she is collecting pre- and post-test data on dating violence victimization and perpetration among the groups, as well as doing data collection at each workshop. It is her hope that the Healthy Relationships Project will lead to decreases in psychosocial and sexual abuse victimization and perpetration, better communication and conflict resolution skills, less gender stereotyping and greater awareness of available services.

“One of my mentors in my doctoral program once said, ‘Research is practice,’” Hays says. “I’ve never forgotten that and try to conduct research that directly benefits clients along the way. Whether it’s research intended to make someone a better practitioner by enhancing training and theory or aimed at direct client services, counselors are doing important work that needs to be empirically validated. We cannot separate the two.”

Want to know more? Contact Hays at dhays@odu.edu.

Alan “Woody” Schwitzer
Subject: College counseling and student affairs

For 20 years, Alan “Woody” Schwitzer has been researching ways to improve college counseling and college student affairs. Schwitzer, professor of counselor education and coordinator of the college counseling specialty at Old Dominion University, focuses his research on professionals working in counseling centers, mental health centers and health centers at two- and four-year colleges and universities, as well as student development and student affairs professionals, such as those working in residence life or women’s centers.

“Although college counselors tend to be more visible during crises such as the April 2007 tragedy on the Virginia Tech campus, they serve student mental health needs every day,” says Schwitzer, recognized with the Ralph E. Berdie Memorial Research Award from ACA earlier this year. “An estimated 1.5 million students are served by college counseling centers on U.S. campuses each year. Even more are served by student development and student affairs professionals.”

Schwitzer, who also serves as editor of the Journal of College Counseling, has published approximately 40 articles on the topic and says his focus remains on determining how professionals can be most successful in their work with college students. “The main theme has been to find out which of our theories and approaches are good fits with which of our many diverse campus populations,” he

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Four questions on counseling research

Editor’s note: Frank Burtnett conducted the following interview with Garry R. Walz for publication in the Summer 2009 ACAeNews for Counselor Educators, one of four special focus e-newsletters produced by ACA. To opt in to any of the free special focus e-newsletters, contact Member Services at 800.347.6647 ext. 222 or send an e-mail to acamemberservices@counseling.org. Walz is a past director of theERIC Counseling and Student Services Clearinghouse, professor emeritus of the University of Michigan, CEO of Counseling Outfitters LLC and a past president of ACA.

How would you characterize the current state of counseling research, and how has this knowledge influenced the quality of counseling?

One would have to be an oracle to do justice to this question due to the myriad ways counseling is used to help people in varied situations and the numbers of individuals who are both formally and informally attempting to measure its impact. Clearly, the tools are there for us to do experimental research, as well as the desire on the part of practitioners to learn as much as they can about counseling techniques and strategies. Our research tools have improved over time and will continue to do so. Thankfully, our colleges and universities have been the incubators of much of this research, and their continued role will ensure an even better research product for the counselors of tomorrow.

Accessing research today has been influenced tremendously by our improved ability to store and retrieve information. Similarly, there has been an explosion in the ways we communicate with each other and share quality information once it has been created. The Internet, through tools like Twitter, Facebook and the many Listservs and networks, has improved both the process and speed with which we disseminate information.

Improved access, however, has generated some concerns that need to be addressed. Let me cite two. Much of what is called research today favors brevity and is presented in “sound bite” formats. It often lacks the completeness that is essential if information is to be useful. Another problem with the “Information Age” and the use of technology is authenticity. Anyone can establish a website, post a message and offer the appearance of authenticity. What is purported to be research, in many instances, has not been conducted scientifically nor withstood the scrutiny of peer review. Yet, it is out there for consumers to access. Users have a responsibility to make certain that the information they identify is objective, unbiased and supported by the best methodologies.

There is little doubt that a greater emphasis on counseling research, coupled with improved ways of reporting it to practitioners and educators, can influence the quality of counseling and strengthen the roles of professional counselors in institutional, agency, organization and private practice settings.

Over time, there has been a governmental role in supporting research in both its collection and reporting. What do you see as that role in the future?

The governmental role has been two-fold. First, government has supported research in many fields, including education, health and human services and, thus, it has had an impact on counseling. This was particularly true at one time in the world of doctoral dissertations, which have been a valuable source of information in counseling. Research dollars are more limited now, and the competition for those dollars is greater than ever. I hope to see a return to such support, especially as counseling achieves greater prominence.

The second role that government has played has been in bringing research findings to the public and consumers. This, too, has been...

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What role do you envision ACA and professional organizations playing here?

Having access to and being able to use evidence-based research can clearly be a plus for the practicing counselor. More and more professional counselors are looking at the application of evidenced-based research in their respective work settings. I have a serious concern, however, when one attempts to generalize findings and apply them to a variety of situations. Model or exemplary programs have limitations that must be recognized, and when we attempt to replicate them in certain situations, they will not work or be as effective as suggested. One's ability to evaluate research and determine its application in a given circumstance or setting is vital.

Professional associations, such as ACA and its divisions, have been the primary source of scholarly research with the Journal of Counseling & Development and the various division journals. The profession is fortunate to have such a wealth of information on a variety of subjects. In that regard, counseling is unique. Our professional conferences and meetings provide an important venue for practicing counselors, counselor educators and students to learn and interact with those engaged in scholarly work. These opportunities make us better counselors and better teachers.

ACA has taken a step beyond the traditional journal and conference approach through its support of VISTAS. Created by Counseling Outfitters LLC, VISTAS originally sought to capture the ideas, information and experiences that were being discussed and presented at ACA conferences. Today, any ACA member with a new idea, a different position or a compelling perspective can share that information before a professional audience. The articles selected for inclusion in VISTAS have been peer reviewed by highly respected ACA professionals. VISTAS Online, which ACA members can access through counseling.org, contains the full text of all 367 articles published to date (Note: From counseling.org, click on “Resources” and then click on the link for VISTAS).

— Frank Barton

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How important is it for individual practitioners to know about evidence-based practices and for counseling programs to be based upon exemplary practices?

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eliminated and restricted in recent times, particularly for the field of counseling. The work once performed by the network of federally supported ERIC centers included not only more direct dissemination of research findings to counseling professionals but also assistance in utilizing the information through the development of practice-oriented publications and the conducting of annual, regional and national workshops and conferences. The current ERIC program continues to build the ERIC database, but there is very little effort devoted to acquiring counseling-related resources. The types of resources solicited are focused almost exclusively on “evidence-based” research. In other words, there is very little effort to include nonexperimental findings in the database.

Counseling, as well as other subjects, deserves greater attention and support from government. Our need to serve an ever-growing multicultural community is but one, albeit a very important, example of the need for research and information that could help practitioners do their work.

What do you see as the role of counselor educators in teaching research skills and in strengthening the research competencies of future counseling practitioners?

Individuals preparing to become professional counselors need to learn experimental methodology and how it can be applied in their work to produce both qualitative and quantitative findings. Beyond knowing how to do their own research, counselors need to become better consumers of research and information. They must possess the assessment and evaluative skills required to examine research and determine its application or utility to their particular circumstance. The teaching of these competencies needs to be woven into the fabric of counselor education programs.

Of college adjustment didn’t fit for African Americans on mostly white campuses. Unlike white students, he says, the African American students faced a sense of “underrepresentedness,” direct perceptions of racism, trouble approaching faculty and lack of familiarity with faculty. “Based on our research model, we recommended the general programs for new students, multicultural student services support programs, student affairs staff training and faculty development all include a component aimed at these social adjustment needs,” he says.

“Those working on college campuses have a great opportunity to positively impact a wide range of late adolescents, young adults and non-traditionally aged learners,” Schwitzer says. “But research findings are needed to build a knowledge base that can impact and guide the day-to-day practices so that the interventions and strategies we choose to use are conceptually sound and outcome-driven rather than based on unsure impressions. A research-guided knowledge base is needed so we can be more certain that the professional actions we take will have the effects we want for our college clientele. Otherwise, although well intended, our effects we want for our college clientele. Otherwise, although well intended, our professional actions we take will have the effects we want for our college clientele. Otherwise, although well intended, our professional actions we take will have the effects we want for our college clientele. Otherwise, although well intended, our professional actions we take will have the effects we want for our college clientele. Otherwise, although well intended, our professional actions we take will have the effects we want for our college clientele.

Schwitzer encourages those interested in learning more about conducting research and submitting their manuscripts to journals to attend the ACA Council of Editors workshop presentation at the ACA Annual Conference & Exposition in Pittsburgh in March.

Want to know more? Contact Schwitzer at aschwitz@odu.edu.

For details on three additional counselor researchers and their cutting-edge work, visit the Counseling Today Online section of the ACA website at counseling.org. 
About two years ago, Lamar University in Beaumont, Texas, began offering counseling courses online. Even as this trend has gained traction in colleges and universities across the country, professors, many of whom grew up taking classes in an actual classroom rather than on a laptop, haven’t always welcomed online learning with open arms. But Pamela Monk, an assistant professor of counselor education at Lamar, says it’s time to embrace a new generation of learners.

Monk, who is teaching her second online course this semester, says the benefit of online classes is that the method aligns with its audience, made up mostly of generation Y, or “millennial,” students. Millennials have grown up with technology, and counselors say members of this generation oftentimes find communicating online via e-mails and discussion boards more appealing.

Monk, herself a baby boomer, believes in accommodating these students in their learning environment, even if it’s less familiar to older professors. Despite the physical distance between Monk and her online students, she says she finds them to be more responsive, more involved and more collaborative. “They feel freer, more entitled to make those comments and suggestions,” says Monk, a member of the American Counseling Association. “I wouldn’t get that kind of discussion traditionally in a classroom.”

Learning styles are just one example of how members of each new generation might think, believe and act a little differently than their predecessors.

Elisabeth Nesbit, a doctoral candidate in counselor education at the University of Arkansas who is researching the culture of baby boomers, gen Xers and millennials for her dissertation, says that a generation is a form of culture. That statement has implications for every counselor who strives to be multiculturally competent, she adds. “We’re grouped as generations based off of shared historical events that shape worldview,” says Nesbit, a member of ACA. “If ACA calls us to be multiculturally competent and the definition of culture provided by ACA goes beyond race and ethnicity, then we need to be informed and aware of what some of those other aspects of culture may include. In this case, that would mean generational affiliation and the values, beliefs and worldviews that go with each generation.”

A guide to the generations

The start and end dates for each generation are subjective, Monk says. Baby boomers were born from approximately 1940 to 1960, gen Xers from about 1960 to 1980 and millennials from about 1980 to 2000, although a defined end date for generation Y hasn’t yet been formalized. As a group, baby boomers have been very successful, says Carolyn Greer, educational consultant and adjunct professor at Texas A&M University—Central Texas. “They’ve been the ones who have made a lot of advances in our society.” Baby boomers, the largest generation born to date, value hard work, says Greer, who is past president of the Association for Adult Development and Aging, a division of ACA. Although they’ve challenged the
system for things such as equal rights, they've generally worked within the system to bring about that change. “They tend to be very politically active, active in the community and concerned with issues of war and country,” Nesbit adds. Boomers have a strong work ethic, and their identity is strongly tied to their jobs. They value a pay-your-dues leadership structure, Nesbit says, and see higher pay as the preferred compensation for hard work, whereas younger generations often prefer time off as a reward for their efforts.

Generation X is a much smaller generation than the boomers, and as a result, Nesbit says, its members haven’t exercised a large enough collective voice to overpower the influence of the previous generation. “They’ve taken more of a back seat in many ways,” she says. Taken as a whole, gen Xers value individualism, freedom and work-life balance, Nesbit says. Multiple counselors noted that members of gen X are also more skeptical and less impressed by authority. “Whereas the boomers value pay-your-dues leadership, the Xers value competence in leadership over age or duration of position,” explains Nesbit, a gen Xer born six months short of the millennials. Also unlike boomers, gen X members attach themselves more to individuals, such as bosses, rather than staying loyal to and working for the same company for many years.

The millennial generation has experienced several significant, defining events, Monk says, including 9/11, the Oklahoma City bombing, the Columbine shootings and increasing globalization. Core values of this generation include civic responsibility, family, the environment, diversity and achievement, she says. “They are the most diverse and the most tolerant,” says Monk, who adds that millennials are also confident, optimistic and highly educated. “This is the first time that we’ve truly had access around the world through the Internet. Millennials are the first global citizens. They’re truly connected to the whole world.”

Although millennials exhibit a strong work ethic, Monk says it differs from that of the boomers. For example, millennials will work hard but, at times, that might be remotely from home. They also believe in families, vacations and a full life, she adds. In addition, millennials don’t understand the chain of command as well as previous generations and will often go straight to the top — to the president of their school or company — to solve a problem. They don’t necessarily grasp that it would be more appropriate and less offensive to go to a supervisor first, Monk says.

At the same time, Monk calls this generation resilient. “They don’t let just one thing shut them down,” she says. “It’s just a bump in the road for them. It doesn’t mean it’s the end of the road.”

With the advent of fertility drugs and treatments, millennials were the first generation born out of explicit choice, Nesbit says. “There’s a much greater sense of (millennial) children being wanted and chosen,” she says, which has led to millennials being treated as more protected and special. “It’s the generation that gets awards for breathing,” Nesbit says. “They’re used to being validated and expect their opinion to matter.”

For that reason, some social critics have labeled millennials with the nicknames Generation Whine and Generation Why. But Monk says their questioning nature is a good thing. “It’s often looked at as people complaining about situations, but I think they’re just generally interested,” she says. “They’re a great generation, they really are. They have so many strengths. But they’re so different from people in the workforce and in academia today who have been there for 40 years. That’s where the conflict comes in. We just don’t understand each other well enough.”

Theory into action
“Understanding the unique elements of each generation enables counselors to have a better understanding of their sense of self as it relates to their generational identity and culture and also to have a greater understanding of their client’s generational culture and its potential impact on values, beliefs, worldview and expectations,” Nesbit says.

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For example, she says, understanding the work-focused identity of the baby boomers might better prepare a counselor to help a client of that generation who is nearing retirement. Nesbit cites research showing the transition toward retirement can be complicated for many boomers because their sense of identity has been so wrapped up in their careers. At the same time, other boomers are being forced to delay their retirement because of the struggling economy, and still others are also dealing with caring for aging parents.

Boomers had a feeling they would never grow old, Greer says, and that means many haven’t prepared mentally for retirement. “They have a harder time making some of those transitions because they weren’t ever going to get old,” she says. “They were looking forward to retirement, but many of them had not really prepared for what retirement might mean. All of a sudden, we are our parents — how did we get here?”

An upside, Monk says, is that with baby boomers across the board getting closer to retirement, an important door of collaboration is opening. “As baby boomers age out of the workplace, generation Y’s will be coming into it,” she says. “The baby boomers have so much experience to offer generation Y’s, and the generation Y’s have their enthusiasm and new ideas to offer. Collaboration between the two generations could provide for major growth in many industries.”

According to Nesbit, counselor educators have noticed that millennials, who grew up texting, e-mailing and sitting in front of a computer screen, have less experience with person-to-person interaction. That is requiring counselor educators to be more intentional about teaching “presence” than in the past, she says. On the other hand, Monk says, a growing market for online counseling may emerge along with this tech-infused generation. Not only would online counseling appeal to would-be counselors who’ve grown up using technology, but it might also appeal to millennial clients, who would look for a way to seamlessly fit counseling sessions into their work and life schedules.

Monk believes the millennials’ questioning and curious nature will prove helpful to the counseling field. “Generation Y will be an important...
part of the growth in counselor identity, accountability and research,” she says. “They have important questions that some of us have just accepted and never questioned. Questioning was not really a characteristic of many baby boomers, particularly (questioning of) perceived authority figures. Counselors and counselor educators need to utilize generation Y’s strengths, encourage them and not respond defensively.”

**Generational considerations**

Counselors might also consider altering their approach to therapy according to each group’s general characteristics. Nesbit has found from her research that baby boomers have a strong sense of group identity, so she theorizes that group therapy might work well for them. She also projects that boomers would be more receptive to theoretical techniques such as choice theory or cognitive behavior theory because members of that generation are open to thinking about what is in their power to change. In contrast, group therapy might not work as well for gen Xers, Nesbit says, because of their strong sense of individualism and autonomy.

“A more person-centered approach to counseling may be more in line with their sense of self and their view of authority,” she says.

“Millennials grew up in a time when seeking mental health help was trendy and normal,” Nesbit says. “This generation is likely to have the least stigma attached to seeking counseling services.” But they’re also likely to exhibit less patience with the counseling process because they grew up in a time of “instant everything,” she observes. Millennials might potentially be open to both individual and group therapy — although they have a stronger sense of group identity than generation X, they also value individual attention. “They may be responsive to Adlerian approaches, as they value their role in their families and also value social justice,” Nesbit says. “Additionally, reality therapy is in keeping with the environment in which they were raised (because it’s) all about choices.”

Nesbit points to a psychologist researching the shift in personality traits across the generations who has found that millennials are showing higher rates of anxiety and depression. If that’s true, counselors might need to prepare to see and treat more of those traits in their clients. Nesbit says one possible reason for the rise could be that the millennial generation was brought up being told they were successful and could do anything. Although that is a positive message, it also adds pressure, she says. And if the awards and compliments wane after high school or college, that could increase anxiety and depression, Nesbit adds.

In learning more about each generation, there is an opportunity to play to a person’s strengths, Monk says. “I think it would be wonderful if counselor educators and counselors knew and understood some of the common characteristics between the generations so they could utilize those strengths in the individuals,” she says. Baby boomers are extremely hard workers, love their families and want to be good providers, Monk says, while generation X members are idealistic, more technologically savvy and came of age during a time of increasing societal freedom. Millennials, Monk says, are well educated and creative, and they value freedom, diversity and enjoyment of life. Although Nesbit has done a fair amount of anecdotal research on generational differences, she’s conducting her own qualitative study on the cultural identities of the three different generations this fall. She hopes to add counseling-specific research to those findings from other fields and will present her findings at the ACA Annual Conference & Exposition in Pittsburgh in March. If her results hold up to what she’s read so far, counselors will need to take a closer look at what it means to be a member of a particular generation in order to be multiculturally competent.

But as with any other culture, Nesbit says, knowing its characteristics isn’t everything — it’s only a starting point. “Understand what the literature says and what the broad characteristics are, but along with that, remember that you still have individuals in front of you,” she says. “Let them define their culture.”

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A counselor’s education

Recent graduates and counselor educators reveal which classes and experiences may be most valuable in preparing for a career in the counseling profession

By Jim Paterson

A fter being admittedly unfocused during her undergraduate years, a stint as a temporary employee at an outpatient drug treatment center in Sacramento, Calif., nudged Kate Farrelly toward a career in the counseling profession. She recently graduated from California State University, Sacramento, with a master’s in marriage, family and child counseling, then moved upward at the center, taking on the role of supervisor, and began work on her doctorate in clinical psychology.

At one point, the 28-year-old left her job to study full time. “It wasn’t the same,” she says. “I really felt there was something valuable about doing the two of them (working and attending graduate school) together.” Like many students and educators, Farrelly says that experience has helped her realize that a counselor’s true education requires a careful blend of good classroom information and hands-on experience—both supervised and independent. In many cases, she says, counseling students may not understand the value of the information being presented to them in class until they encounter a real-world application for it.

For example, Farrelly, a member of the American Counseling Association, remembers learning about narrative therapy in class. “At the time, I just didn’t feel like I connected with it much and hardly considered using it,” she says. “I spent more time focusing on theories I felt comfortable with — dialectical behavioral therapy, Gestalt, person-centered. But recently, I was in a session with a client and it struck me that using narrative technique might work best. I think it was one of the most effective sessions we have had. That’s not the first time something I dismissed (as a graduate student) became valuable to me later.”

The learning process

Farrelly has discovered what counselor educators have known for a long time, even as they continue to tinker with the “formula”: A dynamic counseling education must provide counselors-in-training with the right blend of classroom work on theory, structures and practices, together with practical, applicable, hands-on guidance and practice in mock sessions and on the job.

“Learning is best facilitated through practice,” says David Kleist, professor of counseling at Idaho State University and immediate past president of the Association for Counselor Education and Supervision, a division of ACA. But even beyond hands-on experience and information from textbooks and lectures, counselor education has to prepare future professionals to adapt to the “ever-changing landscape of counseling,” Kleist says. “The core of counselor training needs to be more on process than content. We will never be able to present and teach all the relevant clinical content required for a successful counseling practice. What we can do, however, is help teach and develop a process of thinking that counselors-in-training can hone during their education.”

Judi Durham, associate professor of counseling education at St. Joseph College in West Hartford, Conn., says that although the core content in most counseling programs is excellent, it’s the manner in which that content is delivered that often proves critical. “What I personally think is equally important is not so much the content of the courses, but rather the manner in which the information and courses are taught. Students need to have information presented in an applied manner that is integrative and illustrative of how it
might be used in practice," says Durham, a past president of ACES. "An applied focus to counselor education helps beginning counselors bridge the gap between theory and application."

“I wanted to grasp a theory and its techniques, and at the same time, I felt I needed to discover the theory or style that best suited me,” says ACA member Susan Onofrio, a recent online graduate from Capella University who is working on her doctorate. “That discovery was clear once I graduated and began to practice in earnest.”

“In some ways, theories are kind of antiquated ideas,” says Leah Brew, chair of the counseling department at California State University, Fullerton, “but I also see some utility in terms of theories directing your work with clients. The challenge as a teacher is deciding which ones are most useful.”

Farrelly appreciates the approach her counseling program took. She says that while the program taught students theory, it also challenged these future counselors to learn how to investigate theories they found interesting or that might apply to specific clients. Graduate students were then encouraged both to develop their own ideas about the theories and to put them to use, first in a supervised setting and then on their own.

Apart from making content applicable, Durham believes counseling courses should be delivered in a way that stretches students’ abilities to think on multiple levels simultaneously, building “cognitive complexity.” Says Durham, “It has been well documented that this is a necessary skill for counselors who need to hold the client’s truths in perspective while also considering the larger frames of growth and change.”

**Experience is best**

Although there is certainly worth to making theoretical material as practical as possible, Brew and others say the most valuable classes are often those that help students develop specific counseling skills and that offer real experience.

“Students should utilize supervision during their internship and practicum experience,” says James Devlin, assistant professor in the Department of Counselor Education at Seattle Pacific University and a past chair of the ACA Graduate Student Committee. “Doing such work at a site, at the university or with peers is not used effectively as much as it should be. These are the times when students have the support to learn from their mistakes, and they should be looking for as much guidance and feedback as possible.”

“In some ways,” Brew says, “this is more of an on-the-job-training kind of field. You can learn all you want (in graduate school), but until you are supervised and seeing clients, you really don’t know what you know.”

Kleist notes that student practicums and internships also provide built-in opportunities for counselor training programs to give something back to their communities by offering easy access to much-needed mental health services. That in itself is a valuable lesson to pass on to counseling students, he says.

Still, Durham warns that job-site training is only as useful as the individual student makes it, especially in busy clinics or schools where supervision may not be forthcoming. “If students adopt an

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attitude that there is always something to be learned, even if it’s not in the manner they had hoped, then even a less-than-stellar site can be a source of learning,” she says.

**Areas of emphasis**

In interviews for this article, recent counselor education students said that their most useful classes had ranged from internships to courses that were entirely theoretical in nature. Looking back, they also offered opinions on the types of graduate classes and training they believe would have served them well as new professionals.

“I would have liked to take more classes on diversity,” says Catrina Sundvall, a former Air Force communicable disease counselor who now works as a therapist with Associated Therapeutic Services in Enid, Okla. “There is very little training in this area to help people who are not the norm culturally.” She also suggests more specialized courses in abuse and trauma.

Speaking about the multicultural course work that was a requirement in her program, Onofrio says, “It gave me an awareness of differences and similarities across life spans, development, traditions and cultures.” One particularly valuable exercise required the New York City native to role-play as a counselor in rural Maryland.

Albert Lawrence, a 2007 graduate of the mental health counseling program at Bridgewater State College in Massachusetts, says he found his education provided him with “the skills and understanding of abstract ideas that may or may not be of use in practice.”

“I found advanced practical exercises, skill teaching and theory classes to be of maximum helpfulness, while more specialized courses such as career counseling (held little value for me),” says Lawrence, an ACA member who is now a counselor at a secure treatment facility for youth. While not all graduate students see the benefit of learning about career counseling, many veteran practitioners point out that jobs and careers play such a major role in various aspects of clients’ lives that some knowledge of the field is important, even if the student is not planning to become a career counselor.

Lawrence also says that his group counseling and diagnostics classes have proved to be particularly helpful in his work, while not enough attention was paid to family counseling. Other new counselors agreed, explaining that the study of family counseling was included in their programs, but often only as a portion of another class.

Because diagnosis is so critical for counselors practicing in a clinical setting, Farrell advises graduate counseling students to spend more time studying that process as well as treatment planning. Most community agencies expect a diagnosis after the first one to two hours of assessment, she says.

Jane Marrone, a veteran teacher and ACA member, thinks completion of the master’s in school counseling program at Fairfield University in Connecticut last year prepared her well for her job as a school counselor in an inner-city school, particularly when a crisis unfolded. She says counselors practicing in this setting must be able to act quickly, often with little or no preparation. “It all worked,” she says. “I learned how to put my life experience and the gift of a great foundation from the school counseling program at Fairfield University to use. What I learned was effective in difficult situations.”

Marrone also advises aspiring school counselors to make acquiring information about handling groups a priority, along with courses on human development and multicultural counseling.

**Advocacy in the future**

Durham believes the core content of counseling programs has been well devised thanks to the Council for Accreditation of Counseling and Related Educational Programs. However, she says, students and instructors must continue pursuing the right blend of theory and practice and remain consistent in striving to improve training, including making advocacy part of the mix.

“Counseling has begun to more fully embrace the role of counselor as advocate, but heretofore, little counselor education and training has focused on having students develop advocacy skills,” she says. “We cannot assume that the training across core areas established by CACREP is sufficient to develop the skills necessary to either advocate for the profession or become a social justice advocate with or on behalf of our clients.”

That, she says, remains another big challenge for counseling education.

Jim Paterson is a writer, editor and school counselor living in Olney, Md. Contact him at Jamespaterson7@gmail.com.

Letters to the editor: ct@counseling.org

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~ Moses Ma, Psychology Today
The three candidates vying to become the American Counseling Association’s next president-elect were asked to provide answers to several questions that have implications for the association and the counseling profession. This month, their responses to the final two questions are being published. The responses are printed as submitted by the candidates; Counseling Today edited only for spelling and minor style issues. The candidates’ answers to the previous questions appeared in the September and October issues. Additional information for each candidate, including biographical information and goals statements, will appear in the December issue. Next month’s issue will also feature information on those individuals running for office at the division and region levels.

How will you help California obtain licensure?

Editor’s note: California Gov. Arnold Schwarzenegger signed into law a bill establishing licensure of professional clinical counselors in that state on Oct. 11 (see page 4), well after the ACA president-elect candidates had submitted their responses to this question.

Don W. Locke: As an ACA officer, my role would be to respond to specific requests from the state branches and divisions. ACA as an entity should respond in the same manner. The structure of ACA includes those state and divisional branches. When allowed to operate correctly, they work. When branches and divisions are superseded, subjugated or ignored, they become “fractured or inoperable.” Those of us who have worked for licensure in our individual states know that each state is unique, and California is no different. It is encouraging that the California Coalition for Counselor Licensure, which is composed of 10 professional counseling associations, counselor educators and LPCs, has developed compromise legislation that is being reviewed favorably.

As in every other state that has seen counselor licensure become a reality, the journey is never easy and always has state and local variables. I applaud the counselors in every state who have made the journey through legislation to secure licensure. As in West Virginia and Montana this spring, however, the reality is that the journey is never over, and counselors must remain diligent in each state to maintain and ensure appropriate licensure and scope of practice guidelines.

Bradley T. Erford: California is the final state without a specific professional counselor licensure law. ACA’s goal is to attain a professional counselor title/practice act in every state. So the short answer to this question is I will do whatever it takes to accomplish this goal.

I am certain that California will achieve this goal within the next three years. As in 49 states and the District of Columbia before them, professional counselors in California have built a grassroots coalition of counselors and supporters, developed productive relationships with key state legislators and held discussions with key groups in opposition to a counselor title/practice law. They are doing everything
right, but legislative change requires timing, drive, influence and resources.

I was active during Maryland’s efforts to achieve a practice act in the mid- to late-1990s and, in the past decade, to protect and guarantee a Maryland LCPC’s right to administer and interpret psychological tests. I am no stranger to legislative battles against opponents who seek to restrict our rights to practice counseling and serve the public. I will work closely with colleagues in California to amplify their advocacy voice for professional counselor licensure and to produce a law that will protect the citizens of California. California counselors will achieve licensure, and ACA’s 30-year goal will be met.

**Michael Lazarchick:** The first step is to research the history of the process and determine what obstacles the counselors in California have encountered. From a simple search on the Internet, I located the California Coalition for Counselor Licensure and see that they ask for financial support and names to add to their database. Money is essential for lobbying efforts, and numbers of voters do influence legislators. I contacted a colleague in California and learned that he and past ACA president Brian Canfield addressed the legislature not too long ago. ACA has been providing financial support and encouraging those from other states who were actively involved with successful efforts to share their wisdom. I was the state branch president in New Jersey when we created the New Jersey Registry of Professional Counselors as a first step that eventually led to licensure. I published a short article on the Internet in 2004 on certifications that included a discussion of the history of licensure efforts (geocities.com/employmentcounseling/subpages/valuecert.html).

I visited New Jersey legislators and went with ASERVIC on an ACA-sponsored trip to Capitol Hill to experience the process of lobbying as a constituent. I will listen. I will communicate. We need California licensure, and then, how about portability!

**What are your plans to ensure that ACA meets the needs of all professional counselors, including practitioners, students and counselor educators?**

**Don W. Locke:** My plans are to encourage the Governing Council, the state branches and the divisions to embrace the rationale that existed when ACA was formed nearly 60 years ago. The premise was that when operating alone, counselor organizations were not as effective as they could be together. As ACA president, I hope to represent all counselor organizations under one banner and present a united front.

Entities within ACA have different needs, but there is a basic core that should bind us together. Those core needs apply to all counselors regardless of setting or specialty. Counselors must embrace our similarities, not our differences, and should allow for organizational/structural differences. ACA should encourage each counselor to embrace the individual needs they face within their own state and help them to identify with their work settings or special interests, but we should be united in the profession of counseling. ACA should be the entity that binds us together. ACA should be the source of satisfying the core needs of any professional counselor, regardless of the setting, the specialty or the clients they serve. ACA will survive and thrive to the extent we articulate a core professional identity and focus on membership needs, not organizational needs.

**Bradley T. Erford:** Professional counselors and counseling students join ACA for two primary reasons: professional identity and value for the membership dollar. Of all doctors, 90 percent belong to AMA. Of all psychologists, 70 percent belong to APA. Their profession is their identity. Of all professional counselors, less than 15 percent belong to ACA; this is a professional identity crisis.

Students are our future. Recently, we implemented a program whereby students receive free liability insurance with ACA membership as a way of inviting students into the profession. Student numbers are increasing dramatically. Now it is up to us to make sure their counselor identity is solidified and that valuable services are available so they stay members once they become practitioners!

Practitioners want time- and cost-effective professional development opportunities and legislative advocacy. We need more practitioner-friendly presentations at conferences and a flexible, menu-driven dues program that will allow members to pick and choose the services (e.g., liability insurance, division membership) they want.

Counselor educators are ACA’s most stable membership group, but their needs are quite different. Counselor educators want scholarship, presentation and professional service opportunities. Expansion of ACA journal and book publication, conference presentation, mentoring and committee/association service opportunities will help meet counselor educator needs.

**Michael Lazarchick:** I am a practitioner and have found ACA to be a perfect vehicle to serve my needs. Attending conferences is always rejuvenating and puts me in contact with some of the most talented and most successful counselors on this planet. Some jobs I have held were less than ideal. I was isolated or performing on weak teams or had weak supervision. My network of ACA colleagues — individuals who share my love of this profession — helped me meet those challenges, traverse adversity and continue to grow. Professional associations allowed me to participate on executive boards and let me learn skills that facilitated career advancement. And long before my talent was being acknowledged at work, I was receiving service awards from my professional associations.

The vast majority of our ACA presidents have been counselor educators. They edit and publish our journals, write the majority of our books, dominate governance and bring in graduate students. Graduate students meet people who help them jump-start their careers, and I have noticed we continually increase activities for graduate students because we understand they represent the future.

I will ensure that we continue to explore ways of interacting because the contact is healing and enhances our careers. ♦
Recession depression: Coping and survival techniques

As economists continue to argue about whether we have been experiencing a recession or a depression, many individuals have developed a condition I refer to as “recession depression.” You won't find a classification code in the Diagnostic and Statistical Manual of Mental Disorders, but all you need to do to see this condition and its effects is look around you.

The U.S. Navy has developed a self-test listing various events that are most likely to cause stress. An individual who scores at least 150 from a list of 41 questions has a 30 to 35 percent chance of developing a physical illness. Losing a job is among the top 10 most stressful events and is assigned a value of 47 (among others on the “most stressful” list: death of a spouse, divorce, change in residence and marital discord). The ratio/percentage of illness to stress increases as the individual experiences more trauma. A score of 200 raises the likelihood to 50 percent, and a score of 300 increases the likelihood to 90 percent. The report does not mention how these events might contribute to psychological problems, but it is not much of a leap when you realize that stress can cause a myriad of problems.

How does this affect us as counselors?

We are dealing with a situational event that has led to a psychological condition. Many of us have worked with depressed clients, and depending on severity, we were able to help clients get back on track. But I believe that recession depression is a product of our times and, consequently, requires a fresh approach.

Each of us has our own set of counseling techniques, and under most circumstances, I believe they would be effective. But we are in challenging times, and the recession may continue longer than expected — possibly years. In fact, we may not even see the clients who need us most because they have also lost their insurance. If they are lucky enough to afford COBRA and are in treatment, it is very important that we work with them until they stabilize. I believe it is our responsibility to develop a treatment plan that is both psychological and practical.

Many of you may think that a financial planner or a career counselor would better serve these clients. This is where I believe we need to realize that this is the current human condition. We could easily become one of our clients. The client’s depression is due to a situation — not a chemical imbalance. Therefore, how do we help individuals deal with this condition?

Stages of grief

First, I would like to refer to Elisabeth Kübler Ross and the “five stages of grief” that were widely adapted from her 1969 book On Death And Dying.

1. Denial
2. Anger
3. Bartering
4. Depression
5. Acceptance
I believe that losing a job is similar to experiencing a death, and the client may actually be grieving this loss. By using the stages of grief as a model, we have a tool to evaluate and assess which step of grieving our client is experiencing. For example, if we get a new referral, the client may state his presenting problem as such: “I worked for 20 years and they laid me off. I can’t believe they did that.” This seems to be a clear case of denial. Another may state, “If only I hadn’t taken a two-week vacation before inventory, I would still have my job.” This seems to be a case of bartering. After the stage is established, we can then move on to another method.

**The step program**

Most of us think of alcohol or drug addiction when we hear the term 12-step. But I believe most individuals have become addicted to their jobs (in a healthy way) and, much more important, to their routines. A job provides much more than an income — it provides structure, socialization and identity. Many people equate their status in the world to the type of job they hold.

Rather than reiterate the 12 steps, I think it is more apropos to examine the process as summarized by the American Psychological Association:

1. Admitting that one cannot control one’s addiction or compulsion
2. Recognizing a greater power that can give strength
3. Examining errors with the help of a sponsor (experienced member)
4. Making amends where necessary
5. Learning to live a new life with more emphasis on human values rather than material ones
6. Helping others who are in equal or similar positions

**Practical helping techniques**

Our clients are often overextended financially and depressed because they cannot pay their bills. If this persists, it can lead to foreclosure, bankruptcy or both. As counselors, we can help these clients before, during or after these crises.

1. Tell clients to bring in a list of all expenses and help them make a budget.
2. Encourage clients to be proactive, and when they eliminate an expense, be sure to reinforce this behavior and point out the clients’ behavioral change.
3. If clients are on the brink of foreclosure, suggest that they contact the U.S. mortgage bailout plan, which allows individuals to negotiate lower, more beneficial rates with a banker. If clients have already lost their home, suggest alternatives such as living temporarily with family, friends or neighbors or moving into a shelter. If clients are too depressed to handle any of these situations, make these action steps part of the counseling session and help them with the “red tape.”
4. Help clients make a plan to find a job, help them revise their résumés and suggest job websites or a non-paying internship.
5. Refer clients to support groups.
6. Make sure that clients reward themselves for their efforts by doing something fun and affordable, such as going on a family picnic or renting a movie.

The recession has affected all of us. It is estimated that our client load is down by as much as one-third. Although it is a hardship, we may need to accept lower fees, forgo a copay or even see certain clients pro bono. Why? Because it is the right thing to do, the humanitarian thing to do and, most important, it is what our profession does — helps people in need.

In his 2002 book *No Death, No Fear*, Thich Nhat Hanh reminds us that beginnings depend on endings and that it is important to live “in the moment.” Every day that we are alive is a blessing.

Although our clients have lost their jobs, they have other things that are more valuable, including their families and their friends. With this realization, these clients can transform their grief and fear into hope and gratitude. As counselors, it is our duty to help them make this transformation a reality.

Kenneth Michaels is a private practitioner and ACA member who has always believed in the healing power of humor. Thus, he has written *Bagel, Bagel, Crunch That Kegel (Memoirs of a Prostate Cancer Survivor)*. Contact him at KDM731@comcast.net.

Letters to the editor: ct@counseling.org
Do divisions divide?

As the immediate past chair of the American Counseling Association’s Southern Region, I have had the opportunity to engage in counselor diplomacy to help restart the Georgia Counseling Association. One of the bumps in the mattress that makes this task more of a project than simply putting together the paperwork has been finding the common ground that unites all counselors. A state branch, like a chapter, needs to be a home for all counselors — a place where all counselors can come together and share common ground.

A major obstacle in bringing new life back into GCA has been finding ways to encourage the various state-level divisions to join us. Correctly or not, many of these state-level divisions did not feel that they had a home in the previous incarnation of the Georgia branch. To their credit, each of these divisions has grown to become a strong representative of its counselor members. The caveat is that each represents only the counselors in that division’s particular field of counseling — not all counselors. Counselors who practice in less populous specialties are left on their own.

Furthermore, in standing separately, these divisions are left to advocate for state and local legislative issues alone, as individual entities. Today’s counselor advocates understand that legislators make no distinction between school counselors, mental health counselors or any other type of counselor. Sometimes, legislators even lump us together with social workers. So why do we, as counselors, separate ourselves from one another?

On the national level, some counseling divisions are closely tied to ACA, while others place distance between themselves and ACA, seeking more independence. One area of focus for the 20/20: A Vision for the Future of Counseling initiative has been trying to come up with user-friendly nomenclature that will help define counselors as a whole while simultaneously recognizing the different areas of counselor practice. This initiative involves representatives from every ACA division and region, plus the American Association of State Counseling Boards, the National Board for Certified Counselors, the Council for Accreditation of Counseling and Related Educational Programs, Chi Sigma Iota, the Commission on Rehabilitation Counselor Certification and the Council on Rehabilitation Education. So difficult has this task been that after approximately three years, the 20/20 delegates still continue to search for common ground among counselors. In this search for unity, we have sometimes found the opposite. At this time, there is at least one division (the American School Counselor Association) that is no longer a participant in the 20/20 initiative because it did not endorse the Principles for Unifying and Strengthening the Profession. Divisions, by definition, divide.

Perhaps it is time to rethink divisions as they stand in professional counseling organizations. Maybe interest groups, fields of study or just counseling specialties should become the new taxonomy that identifies the different counselor fields of practice? Each of these identifiers could allow for professional identity while still including all counselors. This new way of identifying counselors could also foster the growth and development of smaller and newer groups as areas of counseling research and study continue to expand.

I do not have the answer. I simply offer this thought for counselors to consider. Divisions, by definition, divide. Where do we go from here?◆

Jeffrey Freiden is the immediate past chair of the ACA Southern Region. Contact him at qwerty613@aol.com.

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I wish the session were longer! I could spend all day listening to this presenter!

I wanted to ask more questions, but we ran out of time.

It’s not uncommon to hear comments such as these from registrants each year as they leave the exhilarating Education Sessions offered at the ACA Annual Conference & Exhibition. This is the kind of response all conference organizers hope to hear, yet clearly, there is a desire among many attendees for longer sessions that allow for the exploration of topics in greater depth and more interaction between instructors and attendees. To address this need, ACA developed the preconference Learning Institutes (LIs), a series of daytime and evening sessions held the two days prior to the main conference.

The LIs have been modified and enhanced throughout the years to ensure they are meeting member needs. One of the changes made in response to session evaluations was identifying programs as either “advanced” or “introductory” so attendees can select the programs most appropriate for them. For the ACA 2010 Conference & Exhibition in Pittsburgh, 21 advanced-level and 18 introductory-level sessions will be offered. Daytime sessions will run from 9 a.m. to 4:30 p.m. on Thursday, March 18 and Friday, March 19. Evening sessions will be held from 5:30 to 8:45 p.m.

The LIs serve another increasingly important function for counseling professionals — the obtaining of continuing education credits. Attendees of the 2010 conference will be able to earn as many as 18 additional CE hours by attending two full days of LIs. The daytime LI sessions are worth six CE hours, while the evening sessions garner three CE hours. Therefore, attendees who participate in the two LI sessions each day would earn nine CE hours per day or 18 for both days. In addition, all conference attendees can accumulate 20 CE hours during core conference days at no additional cost other than a $15 processing/certificate fee. When added together, that means attendees can earn a maximum of 39 CE credits over the course of five days!

As important as CE credits are, one of the main reasons counseling professionals sign up for LIs is the intensive learning experience. Some topics, such as “Private Practice: Surviving or Thriving,” presented by Robert J. Walsh and Norman C. Dasenbrook, require much more time than even the longest of conference Education Sessions (90 minutes). The extended format of LIs is perfect for sessions such as “Integrating Sand Therapy Into Counseling: Beginning the Process,” presented by Jane Webber and Barry Mascari. This LI involves choosing figures to build a personal scene and experiencing the sand tray, processing spontaneous stories and metaphors, and using slides of trays to deepen awareness of the power of sand therapy with children and adults. This introductory-level evening session is one of five LIs covering the expressive arts or play therapy.

Group counseling is another topic that often requires more time than the typical conference session allows. Two LI sessions on group counseling are on the agenda for 2010: “The Skills of Group Learning Institutes explore a range of topics in more depth

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October 2009
Revised grad student competitions offer new challenges, more visibility, bigger prizes

The American Counseling Association and the ACA Foundation have long combined to provide support for members pursuing graduate degree programs in counseling. Although most ACA members are aware of the special emphasis that both the Foundation and ACA give to graduate students during the ACA Annual Conference, there isn’t as much awareness of the competitions held for the purpose of providing scholarship grants to counseling students while also helping them deepen their involvement with counseling issues.

For the coming year, three of the most popular of these competitions have been revised to provide the ACA-member graduate student winners with larger scholarship grants and increased visibility.

Ross Trust Scholarship Competition

Through the generosity of Roland and Dorothy Ross, the Ross Trust was set up to provide scholarships to students preparing for counseling roles in the nation’s elementary, middle and secondary schools. Roland Ross was an active member of ACA for many years.

Entry criteria for this year’s Ross Trust Graduate Student Scholarship Competition, which opened Oct. 15, have been simplified, a new essay competition has been created, and the first-prize scholarship grant has been increased to $2,500. All entrants must be members of ACA and currently enrolled at an accredited college or university in a graduate program leading to a career as a professional school counselor. Judging will be based on a short essay written in response to one of five essay subjects. See the accompanying box for links to entry information and complete rules.

In addition to the $2,500 scholarship grant, the winning essay will be published in Counseling Today, and the winning student will receive free registration to the ACA 2010 Annual Conference plus three free nights at one of the conference hotels in Pittsburgh.

Four runners-up will each receive a $500 scholarship grant, publication of their essays in Counseling Today and free registration to the ACA Conference.

Grad Student Essay Competition

The ACA Foundation Graduate Student Essay Competition has been one of the Foundation’s most popular events for more than a decade. This competition, open to ACA members currently enrolled in a counseling-related graduate program at an accredited college or university, offers students an opportunity to share their views about counseling and the profession’s future. This year, the Grad Student Essay Competition will share its essay subjects with the Ross Trust Scholarship Competition, although the judging and awards will be handled separately.

The biggest change for the Graduate Student Essay Competition is a major increase in the scholarship grants being awarded. The first-prize award will now be a $2,500 scholarship grant, as well as publication of the winning essay in Counseling Today, free registration to the ACA Conference and three nights at one of the conference hotels in Pittsburgh.

The competition will also feature awards for the four runners-up, with each receiving a $500 scholarship grant, publication of their essays in Counseling Today and free ACA Conference registration.

See the accompanying box for links to the online rules, entry information and entry forms.

Ethics Team Competition

The ACA Graduate Student Ethics Competition, overseen by the ACA Ethics Committee, has consistently been considered one of the more challenging competitions for graduate counseling students, and it is the only ACA team competition.

This is a case study competition in which university or college counselor educator teams analyze a potential ethics case in order to create an appropriate ethical decision and a plan to respond to that decision. Teams of three or four students, plus an academic adviser, can participate in either the master’s- or doctoral-level competition. The competition is limited to one team at each level from each counselor education program. Each team member must currently be enrolled in a master’s- or doctoral-level program at an accredited college or university and must also be an ACA member.

Awards include gift certificates to the ACA bookstore, certificates of accomplishment and letters of recognition for team members.

Refer to the accompanying box for instructions on how to receive complete entry information.

Ready to enter?

Complete rules and online entry forms for the Ross Trust Graduate Student Scholarship Competition and the ACA Foundation Graduate Student Essay Competition can be found online at the ACA Foundation website (acafoundation.org) or in the “Students” section of the ACA website (counseling.org). Please note that the entry deadline for both competitions is midnight (PST) on Dec. 13.

Information for the ACA Graduate Student Ethics Competition can also be found within the “Students” section of the ACA website. Teams must register for the ethics competition by Nov. 29, and responses to the case studies must be received by midnight (PST) on Dec. 13.
Plan Now to Attend the Largest Conference in Counseling

- Pre-conference Learning Institutes: March 18-19
- Education Sessions: March 20-22
- Exposition: March 19-21

Keynote Speaker:
Gerald Corey, Ed.D.
Diplomate in Counseling Psychology, ABPP
Professor Emeritus, Human Services and Counseling
California State University, Fullerton

Keynote Speaker:
Patti Digh
Diversity and leadership expert, author, and co-founder,
The Circle Project

Register by Monday, November 30 at midnight!

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All events will be at the
David L. Lawrence Convention Center
and the
Westin Convention Center Pittsburgh

See you in Pittsburgh!
The fallacy of equivalency

“Ladies and gentlemen: The story you are about to hear is true. Only the names have been changed to protect the innocent.” — Dragnet

It was Friday afternoon in the CACREP office when the call came in. The staffer who picked up the call sighed heavily when he heard the question. The stranger on the other end had an all-too-familiar request.

Sam (CACREP): Hello. Thank you for calling CACREP. How can I help?

Velma (graduate of Wannabe University): Ummm, I was wondering … Ummm, could you tell me if my program is accredited by CACREP? I think it is, but it’s not listed on your website.

Sam: No, I’m sorry. That program has never been accredited by CACREP.

Velma: Are you sure? I mean, uh, the program indicated it was.

Sam: What did they tell you?

Velma: Well, I was told that the program met CACREP Standards. Here … I have the information from the student handbook I received. Let me read it to you.

Although the above scenario may be a poor imitation of a Raymond Chandler story, unfortunately, calls such as this are an all-too-common phenomena in the CACREP office. Callers often reveal that they entered a non-accredited program thinking it was a CACREP program because the program marketed itself with statements that focused on CACREP equivalency in some way, shape or form. For example, callers such as Velma have told CACREP, “But the school’s brochure said the program followed requirements set by CACREP.” Other callers have indicated that their programs’ websites stated that the program reflected the CACREP Standards. Still other callers have exclaimed in dismay, “But every syllabus lists how the course meets the CACREP Standards!”

In each of these situations, students have been duped into thinking they were attending a CACREP program. They are extremely disappointed to learn that their program is not currently, or never has been, accredited by CACREP. If one dissected the statements made by these programs, an argument could be made that they never explicitly say they are accredited. These are fine distinctions to the average consumer, however, and small comfort to the person who just spent a great deal of money to attend a program he or she understood to be accredited.

When a program states that it “is based upon,” “follows” or “reflects” the CACREP Standards, this generally refers only to the curricular requirements within the CACREP Standards. This is an unspoken reference. However, to the average reader of such a statement, there is an unspoken expression of equivalency. A person who has only a very basic understanding of the accreditation process may look at such a statement and think, “Based upon … Must be a good thing.”

This problem is compounded by the fact that many licensing boards, when they include CACREP accreditation requirements within their regulations, also include an or statement concerning equivalency. For example, a state’s regulations might require “a master’s degree or higher in professional counseling from a CACREP-accredited program or equivalent program from a regionally accredited college or university.” But let’s look at this a little closer. What does it mean to determine a program is CACREP equivalent?

The 2009 CACREP Standards include 57 core curricular standards. This number stands in stark contrast to the fact that there are a total of 156 standards (including these core curricular standards) that master’s-degree programs must meet to achieve CACREP-accredited status. These non-curricular standards cover areas such as institutional support for the program, learning support and resources, student-to-faculty ratios, faculty and supervisor qualifications, and clinical instruction requirements. Beyond these 156 standards, each accredited program must document compliance with an additional 60-plus program area standards that define specialization requirements for practicing as a clinical mental health counselor, marriage and family counselor, addiction counselor and so forth. So just how equivalent are non-accredited programs when their “equivalency” is based solely on curricular requirements?

Programs that are CACREP accredited have undergone an extensive self-study and review process covering more than 200 standards. The faculty in these programs have expended considerable time and energy engaging in self-study to determine where they meet standards and where they don’t, and then engaging in the necessary work to come into compliance. The institutions in which these programs are located have expended considerable resource allocations and financial expenditures in their efforts to obtain accreditation for their programs.

Beyond engaging in self-study, program faculty also create a report that undergoes one or possibly two initial reviews by CACREP reviewers. Programs that successfully make it through this level of review then host a site visit review, during
which peer reviewers come to campus for an extensive three-day review to verify information in the self-study report. During the on-site visit, site visitors meet with administrators, program faculty, adjunct and affiliate faculty, students, site supervisors and program alumni. Site visitors tour facilities and review records and syllabi. Programs are reviewed against every CACREP Standard. Then, when the visit is over, the CACREP Board reviews materials from the initial review, the site visit and the program rejoinders one more time before an accreditation decision is made. Once accredited, the program continues to be reviewed periodically through submission of a series of required reports to CACREP. After being accredited for eight years, programs must go through the entire review process all over again to remain accredited. So again, the question may be asked, exactly how equivalent is equivalent?

Faculty in CACREP-accredited programs have committed to building and delivering programs that meet the highest standards set by the counseling profession. Graduates of these programs have completed the highest standards set by the profession. These are significant achievements and should not be diminished by a non-accredited program’s specious claims of equivalency. CACREP believes the 2009 Standards will further differentiate accredited programs from non-accredited programs because of a greater emphasis on the professional counseling identity of the programs and their faculties and the requirement that accredited programs document and assess student learning outcomes. For these reasons, at the January 2009 CACREP Board meeting, the following motion was unanimously passed: “CACREP asserts that there is no appropriate use of the term CACREP equivalent.”

Unfortunately, for callers such as Velma, learning that CACREP-equivalent programs do not really exist is of little help. For these graduates, there is no going back and starting over. Velma has now learned that she is not immediately eligible for national certification by the National Board for Certified Counselors, that she may have more difficulty getting into her doctoral program of choice and that she will encounter a more intensive transcript review as part of the review process for licensure than she would have had she attended a CACREP-accredited program.

CACREP believes that students such as Velma want to be good consumers. Unfortunately, accreditation is not an easily understood topic in the United States. CACREP also believes that programs have an ethical responsibility to present their accredited or non-accredited status clearly and accurately. Misleading or easily misunderstood statements regarding CACREP equivalency create confusion and are a disservice to the profession and the public.

Carol L. Bobby is president and CEO of the Council for Accreditation of Counseling and Related Educational Programs. Robert I. Urofsky is CACREP’s director of accreditation. Contact them at cacrep@cacrep.org.

Letters to the editor: ct@counseling.org
AADA enjoys busy fall  
Submitted by Summer Reiner  
smreiner@yahoo.com

The Association for Adult Development and Aging leadership has been busy. Over the past few weeks, we voted to host our 2010 AADA Conference in Manhattan on July 30 at the Roosevelt Hotel. Please mark your calendars! We also launched our newly designed newsletter featuring several new columns, including “In My View,” “Practitioner Perspective,” “Member Minute” and the “Graduate Student Corner.” If you are interested in contributing to a column, please contact newsletter editor Amy Zavadil at zavadila@mail.montclair.edu. The Adultspan Journal is also busy soliciting articles for a special edition focused on young to early midlife adults. Monica Osburn, a member of the editorial board, is serving as the special issue editor. If you have an article, please submit it by Dec. 1 to journal editor Catherine Roland at rollancd@mail.montclair.edu. Finally, we are preparing this fall to send a free copy of our LifeSeries Brochure to each of our members. The LifeSeries brochures address counseling topics across the adult life span. The brochures are available for use by counselors who work with adults in private practice, Office of Aging, health and other professional settings. The brochures have five panels of topical content and a panel in which counselors can insert their own contact information to educate communities about their practice.

While we are sending members one free LifeSeries Brochure, we have five other brochures available for purchase. Brochure topics include Depression and the Elderly, Leisure Development and Planning, Alcohol Abuse and Aging, Prescription Drug Abuse and Aging, Communicating With Your Doctor, and Spirituality and Aging. Each individual brochure template is available for $15 or six brochure templates for $50. The brochure templates are purchased and delivered online. Online distribution to the counselor allows for unlimited use electronically or in print. To place an order or to read more about the brochures, visit aadaweb.org. If you have questions, please contact Bob Dobmeier, AADA chair of the Professional Development Committee, at rdobmeier@brookport.edu.

ASGW issues call for award nominations  
Submitted by Lorraine Guth  
lguth@iusp.edu

The Association for Specialists in Group Work Awards Committee is seeking nominations for the Group Work Practice Award. The purpose of this award is to recognize an outstanding practitioner in group work. Recognition may be for any area of group work covered by the ASGW Professional Standards, and nominees must be members of ASGW.

A nomination letter and two supporting letters should address the following points:

■ Scope of practice of nominee, including type of group work, client population served and practice setting

■ Innovations in group work practice by the nominee

■ How nominee has disseminated group work skills through workshops, conference presentations, supervision and/or training

■ Evidence of nominee’s significant contribution to group work practice

The ASGW Awards Committee is also seeking nominations for the Eminent Career Award and the Professional Advancement Award. Nominations in either category should address the nominee’s outstanding activities and contributions to the field of group work. Additional letters speaking to the nomination would be welcome. Letters should identify which award is being sought.

Eminent Career Award: This highest award is intended to recognize major contributions made to the field of group work by an ASGW/ACA member. Credentials and letters of recommendation for the nominee should convey the national and/or international influence the individual has had on group work over a period of time.

Professional Advancement Award: This award is intended to recognize the outstanding activities of an individual who has helped advance the field of group work through any one of the following: research, development of a new technique or theory, public relations, legislative activities or group work practice.

Nominations and supporting letters for each of the awards must be received by Jan. 31 and should be sent to Lorraine J. Guth, Indiana University of Pennsylvania, Department of Counseling, 206 Stouffer Hall, Indiana, PA 15705. Materials may also be e-mailed to lguth@iusp.edu. The award recipient will be announced at the ASGW Luncheon at the ACA Annual Conference & Exposition in Pittsburgh.

C-AHEAD award to honor humanistic dissertation research  
Submitted by Michelle Perepiczka  
mperepiczka@njcu.edu

The Counseling Association for Humanistic Education and Development is pleased to announce the Outstanding Humanistic Dissertation Award. This award will honor a counseling graduate student who is a member of C-AHEAD at the time of the nomination and award reception, wrote a dissertation with central and salient humanistic content and successfully defended the dissertation during the designated time frame (fall 2007 through fall 2009). Students are to be nominated by their doctoral committee chairs.

For more information about this
award, e-mail Michelle Perepiczka at mperepiczk@njcu.edu or visit c-ahead. com. The deadline for submissions is Dec. 1. We look forward to receiving nominations and learning more about humanistic dissertation research.

EB-ACA wants you!
Submitted by Rebecca Brickwedde
bb4963@yahoo.com

ACA members are encouraged to join the European Branch of ACA so they can begin receiving our award-winning newsletter, Neues Perspectives for the European Counselor. Stay informed about the continuing education opportunities available in Germany and being provided by EB-ACA, an approved provider of continuing education by the National Board for Certified Counselors. Our newsletter also contains a variety of articles on topics of interest to the counseling profession, as well as informative reviews of our latest 15-hour Learning Institutes.

EB-ACA was honored to receive the national ACA small branch award for best newsletter earlier this year.

The ACA Branch Awards Ceremony and Reception was held March 21 to recognize those ACA branches that have significantly advanced and enhanced the counseling profession through excellent programs, increased membership, quality communications and community involvement. EB-ACA President Rick Sidley accepted the award on behalf of our branch. Rebecca Brickwedde, coordinating editor, and Michaela Weidinger, graphics and layout coordinator of the EB-ACA newsletter, work closely together to produce this quarterly publication. This is the second time that this editorial team has won this national award. EB-ACA also won the ACA small branch best newsletter in 2006.

Contact Donita Johnson, EB-ACA membership chair, at donita.johnson@eu.dodea.edu for more information about how to easily become a member of EB-ACA in 2009 for only $50 per year ($30 student rate). Membership forms are available online at online-infos.de/eb-aca/main.htm or eb-aca.org (2010 membership rates are subject to change).

As an ACA member, you have professional colleagues in Germany eagerly waiting to welcome you when you visit Europe and join us for our EB-ACA Learning Institutes and annual conferences!

NECA to host brunch and Day of Learning
Submitted by Kay Brawley
kbrawley@mindspring.com

Join the National Employment Counseling Association for brunch on Sunday during the ACA Annual Conference and then stay for a Day of Learning. Themed “Staying Power,” the session will address how employment and career counselors can help organizations “look inside their box” to apply reasonable, cost-effective solutions to improve the long-term commitment of an organization’s best and brightest staff. Attendees will gain tips and techniques on retaining employees and improving mentoring and coaching programs. CEUs are available.

Visit counseling.org/conference and click on “Division Brunch” for a complete description of sessions, including the new online Fast Track Instructor Training: Working Ahead, Moving Forward Global Career Development Certification. Registration fee is $75, including the brunch.

Expand your mind. Refresh your knowledge. Connect with your peers. Register now for the conference and the NECA Day of Learning at counseling.org/conference (see “Division Brunch”) or call 800.347.6647 ext. 222. For more information, e-mail NECA Professional Development Director Kay Brawley at kbrawley@mindspring.com.

Representatives from the North Atlantic Region pose in front of the Capitol during a trip to advocate for counselors on Capitol Hill as part of the ACA Institute for Leadership Training, held this past summer. Pictured from left to right: Michele Bullock (Connecticut Counseling Association president), Pat Giordano (NAR chair-elect), Bob Schmidt (NAR chair), Terry Mitchell (NAR immediate past chair) and Deb Delvecchio-Scully (CCA executive director).
**Why a Foundation?**

Serving this year as the chair of the American Counseling Association Foundation has given me the opportunity to travel to meetings and conferences both within ACA and the larger mental health community. It’s an opportunity I’ve welcomed. But in these travels, I found there were times when a counselor would ask, “Why does ACA need a foundation?”

For me, that was a surprising question, perhaps because I’ve been involved with ACA and the ACA Foundation for so many years and know firsthand the important work of the Foundation. But I’ve come to realize that the Foundation is not something that we — as counseling professionals — can, or should, take for granted. This Foundation exists for very real and compelling reasons. Allow me a minute to explain why we have the ACA Foundation and how its programs are vital to our profession.

ACA supports counselors in a variety of areas. From lobbying and certification efforts, to education and communication, to coordinating ACA divisions and so much more, ACA has played a major role in fostering professionalism in counseling. But no one organization can be everything for every member. At times, there have been needs that ACA simply was not in a position to fulfill directly. Sometimes that’s because of budget considerations, sometimes it’s simply because a need requires immediate and nimble action that’s difficult for a large organization to provide. In such cases, the ACA Foundation has been able to step up to the plate.

One of the best examples was the response to Hurricane Katrina approximately four years ago. In the aftermath of that tragic event, it became clear that the devastation had directly impacted a number of counselors and counseling organizations along the Gulf Coast. At the same time, this was an area facing an enormous need for counseling services.

That was when the ACA Foundation quickly created the Counselors Care Fund. Within a very short time, counselors around the nation provided more than $53,000 in funding to create grants that helped counseling professionals who had been impacted get back into operation. Today, having seen the success of those efforts, we are looking at ways to revise the Counselors Care Fund program to allow it to be responsive to counselors who are in need due to a variety of events or reasons.

The ACA Foundation has taken a leadership role in providing the counseling profession with help in areas where real needs have been identified. The Foundation’s Growing Happy and Confident Kids program provides school counselors nationwide with libraries of books to help increase emotional literacy among elementary school-age children. Its numerous awards programs help bring recognition to counselors who have demonstrated real leadership and outstanding performance within our profession. And its support of graduate students in counseling through its essay competitions and ACA Conference scholarships has provided valuable aid to these new professionals. The Foundation’s efforts have helped those just entering our profession to become more involved and to better understand the level of professionalism for which we constantly strive.

In today’s troubled economic times, it is more important than ever for the counseling profession to have an organization that is able to help those in need, both within our profession and within the communities our members serve. The focus of the ACA Foundation is on identifying opportunities to improve, support and strengthen the profession, and it is an organization capable of responding quickly when needs arise.

Why does the ACA Foundation exist? Because it’s doing needed good work that might otherwise remain undone … and because it’s helping make better our profession and ensuring a stronger future for counseling. These are some of the reasons why the ACA Foundation exists and certainly why I’m involved with and support the Foundation. I hope these reasons will inspire you to get involved and support our Foundation as well.

Find out more about the ACA Foundation and its programs at acafoundation.org.

Howard Smith is the current chair of the ACA Foundation.
Counselors Care Fund expands to prepare for tomorrow’s disasters

We’re counseling professionals — a community of people who help. And for the majority of us, being able to help, being able to make a difference in people’s lives and in our communities, is probably the basic impetus that prompted us to enter this profession.

But there also are times when help is needed from an unexpected group — our fellow counselors. This was certainly the case in 2005, when Hurricanes Katrina and Rita struck the Gulf Coast area with tragic force. The devastation those hurricanes brought to Louisiana and the surrounding region meant that numerous counselors suddenly found themselves with flooded offices, destroyed office equipment, ruined libraries and damaged office furniture. Many school counselors worked diligently to help children in need, even though these professionals were missing materials and didn’t have the funds to replace the basic resources so vital to their work.

As the ACA Foundation began receiving reports of what so many counselors had lost, the Foundation trustees decided to establish the Counselors Care Fund, a fund-raising and grant-issuing effort created specifically to help counselors affected by Katrina and Rita get back to doing their much-needed work. The counseling community stepped up and embraced this project, sending in more than $53,000 in donations and enabling the Foundation to begin funding grants to help counselors get back on their feet.

To date, some 66 grants have been made specifically to help counselors affected by Katrina and Rita get back to doing their much-needed work. The counseling community stepped up and embraced this project, sending in more than $53,000 in donations and enabling the Foundation to begin funding grants to help counselors get back on their feet.

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The many positive outcomes of the original Counselors Care Fund grants have prompted the ACA Foundation trustees to expand the scope of the fund to an ongoing program that is ready to respond to counselors who are in need because natural disasters or other types of tragedies within their local areas. Hurricanes, forest fires, floods, tornadoes, earthquakes — the list of reasons an individual counselor or a whole community of counselors might find themselves in need of assistance is long and varied. And when these situations arise, the ACA Foundation wants to be ready to respond.

That’s why your help is needed. We’re asking the counseling community to once again step to the forefront. For the Counselors Care Fund to work, it needs to be funded on an ongoing basis so the assistance it provides can be both timely and effective as emergencies occur and when counselors in any part of the country find themselves in need. It’s simply counselors being ready to help counselors — and isn’t helping what we’re really all about?

If you are able to be generous and help today, please do so. But even a small donation, when multiplied by the tens of thousands of ACA members, can make a real difference.

To make your tax-deductible donation, visit the secure online donation form at acafoundation.org, or call 800.347.6647 ext. 350 to make a credit card donation.

You can also mail your check to the ACA Foundation, Counselors Care Fund, 5999 Stevenson Ave., Alexandria, VA 22304.

None of us can know whether we might be the next to need help from our fellow counselors. But we can know that we’ve done our part to ensure that help is available whenever it’s needed and by whoever needs it. ♦

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Counseling Today Quiz – November 2009

As you are reading the following articles you should be able to answer the questions below. This is an “open-book” exam. Use this page or a photocopy. Mark your answers by pressing down hard and completely filling in one circle per question. Then mail it with a $18 payment to the address below. Please do not send cash.

6. In Horne’s research in middle schools, bullies in bullying groups:
   - a. were embarrassed when confronted with their own behavior.
   - b. dramatically shifted their bullying behavior.
   - c. Both a and b
   - d. None of the above

7. Marrone advises aspiring school counselor education students that their most useful classes were:
   - a. internships.
   - b. theoretical courses.
   - c. Both a and b
   - d. None of the above

8. The information was well presented _________________.
   - a. True
   - b. False

9. “Foundation Focus”
   - a. True
   - b. False

10. “Private Practice in Counseling”
    - a. True
    - b. False

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Imagine a PhD in Counselor Education

Montclair State University is pleased to announce its new PhD program in Counselor Education—the only doctoral program in Counselor Education in the greater New Jersey/New York area.

Applications are being accepted for Fall 2010 study. For more information on this program, please visit http://cehs.montclair.edu or e-mail phdcounsel@montclair.edu

Can you write your way to an ACA Foundation conference scholarship?

Yes, you want to attend the ACA 2010 Annual Conference & Exposition in Pittsburgh next March, but you’re not sure you can afford the registration cost, what with that grad school tuition to pay, the cost of school books, plus all those other bills.

The ACA Foundation knows that budgets are tight everywhere, especially for students. That’s why the Foundation is once again offering scholarships to cover ACA Conference registration fees. For the 2010 conference in Pittsburgh, at least 20 counseling graduate students will receive registration fee scholarships, and the newly expanded program will also award a new grand prize. This award will provide one deserving graduate student free registration for the ACA Conference plus three nights free lodging at one of the conference hotels in Pittsburgh.

The ACA Foundation has a long history of support for graduate counseling students — the individuals recognized as the lifeblood of the counseling profession’s future. At ACA’s annual conferences, the Foundation has been an ongoing sponsor of the Graduate Student Lounge, an area where counseling graduate students can meet with one another, interact with some of the leading names in the counseling profession and develop invaluable networking contacts. The educational opportunities the ACA Conference affords is also extremely valuable. The numerous presentations, seminars and poster sessions offer the next generation of counselors firsthand exposure to current trends, emerging strategies and experienced educators.

The 2009 ACA Conference in Charlotte, N.C., provided a special opportunity for counseling students to have a conversational exchange with one of the keynote speakers, Adolfo Bermeo. This unique opportunity will be repeated at the 2010 conference, with students given the chance to ask direct questions of popular and experienced counselor Gerald Corey, who will be delivering one of the conference keynotes.

ACA Foundation support for graduate students is also reflected in the annual essay competitions that provide students with scholarship opportunities while also encouraging them to consider the profession’s future and their own role in that future. Just as important, publication of the winning essays in Counseling Today has enabled established counselors to gain insight into what the next generation of counselors is thinking.

The newly expanded ACA Foundation conference scholarship program is yet another effort to get today’s counseling graduate students more involved in the counseling profession and its future. A new and easy entry program has been created for this year’s conference scholarships. All entries will be made online through either the ACA Foundation website at acafoundation.org or the Students section of the ACA website at counseling.org.

There are four simple entry requirements to qualify for the conference scholarship competition. Individuals must:

■ Be an ACA member (student or professional)
■ Currently be enrolled in a counseling-related graduate program at an accredited college or university
■ Complete the online entry form and short entry essay
■ Not have received a conference scholarship previously

The essay subject for this year’s conference scholarship competition is “How will attending the ACA 2010 Annual Conference benefit me?” Entrants are limited to a single 300-word essay in response to this question.

“We want to help more grad students attend the conference,” says ACA Foundation Chair Howard M. Smith. “New counselors will add so much to the discussions about topical issues, and what they will learn through the conference presentations and networking opportunities will provide lifelong benefits. Everybody wins!”

Counseling graduate students are encouraged to visit the ACA Foundation website or the Students section of the ACA website for the online entry forms and full entry deadlines. Please note that the entry deadline is Dec. 30.
COMING EVENTS

EB-ACA Fall Conference
Nov. 5-8
Weiskirchen, Germany
The European Branch of the American Counseling Association will host its 50th annual fall conference, themed “The Golden Age of Counseling,” at the Flair Hotel Parkhotel in Weiskirchen.
Visit the EB-ACA website at online-infos.de/aca/main.htm or eb-aca.org for hotel and conference registration information. For further information, contact Susan Stammerjohan at satsysusan61@yahoo.com.

Oregon Counseling Association Annual Fall Conference
Nov. 5-7
Portland, Ore.
Themed “Counselors in Unity: Holding the Hope Through Challenging Times,” OCA’s fall conference will provide networking opportunities, pertinent presentations and as many as 19 CE hours. A full-day preconference workshop, “Incorporating the New Brain Paradigm Into Your Counseling,” presented by Raymond Peterson, will be offered Nov. 5. Andrae Brown of Lewis & Clark College will give the keynote address, and Becky Eklund, executive director of the Oregon Board of Licensed Professional Counselors and Therapists, will speak during the banquet dinner. For more information, call 503.722.7119 or visit oregoncounseling.org.

Play Therapy Workshop
Nov. 7
Fairfield, Conn.
This seminar, part of Fairfield University’s “Connections & Conversations: The Counselor Education Workshop Series for Human Services Professionals,” is designed for beginning and intermediate skill-level participants who wish to increase their knowledge and clinical skills in the area of play therapy. Special attention will be directed toward incorporating choice theory/reality therapy within the play therapy relationship. At this seminar, hosted by Teresa Christensen, video vignettes, role-plays, small group activities and instructor demonstrations contribute to a dynamic and high-energy format. For more information, contact Kimberly Baer at kbaer@fairfield.edu.

American Art Therapy Association Annual Conference
Nov. 18-22
Dallas
Themed “Inspiring Frontiers for the Next Generation in Art Therapy,” the American Art Therapy Association’s 40th anniversary conference will include a service project, an open art studio, an arts and crafts marketplace, an art therapy film festival and more. For more information, visit aataconference.org.

Arab American Mental Health Needs Conference
Nov. 21
Bowie, Md.
This one-day conference, sponsored by the Maryland Association for Counseling and Development, Johns Hopkins University and Bowie State University, will focus on effective strategies for addressing the mental health needs of Arab Americans. Presenters will highlight current stressors and challenges faced by Arabs living in the United States and provide culturally appropriate interventions to help mental health professionals work more effectively with this population. For more information, visit mdcounseling.org.

Asociacion Puertorriquena de Consejeria Profesional Conference
Dec. 1-3
San Juan, Puerto Rico
The Asociacion Puertorriqueña de Consejeria Profesional invites its American Counseling Association friends and colleagues to its 32nd annual conference at the Puerto Rico Convention Center. The theme for this year’s gathering is “Prevention and Ethical Service: Strengths of Professional Counseling.” For more information, contact Marta M. Carballo Betancourt at luzaura@aol.com.

Call for membership
The Nevada Counseling Association has re-formed and is now accepting membership applications. Please visit our website at nevadacounselingassociation.org to access a membership form and join your new state organization.
For more information, e-mail info@nevadacounselingassociation.org or call Kitty Unthank at 775.742.1475.

Call for proposals/submissions
The Counseling Outcome Research and Evaluation Journal (CORE), a journal of the Association for Assessment in Counseling and Education, provides practitioners and educators with outcome research and program evaluation practices for work with individuals across the life span. CORE addresses topics such as treatment efficacy, clinical diagnosis, program evaluation, research design, outcome measures, and ethical, legal and cultural concerns in the assessment of dependent variables, implementation of clinical interventions and outcome research. CORE includes evidence-based articles dealing with outcome research and evaluation practices, conceptual articles that move the profession forward and best practices articles in research methodology. Contact editor Danica G. Hays at core@odu.edu for additional information.

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Items for the Counseling Today Bulletin Board must be submitted via e-mail to lbballcross@counseling.org with “Bulletin Board” in the subject line. Not all submissions are accepted for publication. Limit submissions to 125 words or less. Announcements will be published for a maximum of three consecutive months, after which an updated version of the announcement must be resubmitted for inclusion. The rolling deadline is the first of every month for publication in the following month’s issue (e.g., an item submitted by Aug. 1 would appear in the September issue).
Americans’ mental health suffers through economic downturn

A new national survey shows the economic downturn is taking a toll on the mental health of Americans. Individuals who are unemployed are four times as likely as those with jobs to report symptoms consistent with severe mental illness. Americans who experienced involuntary changes in their employment status, such as pay cuts or reduced hours, are twice as likely to have these symptoms, even though they are employed full time.

The survey was conducted for Mental Health America and the National Alliance on Mental Illness in collaboration with the Depression Is Real Coalition. The results come from telephone interviews conducted with 1,002 adults nationwide from Sept. 17-20.

“This survey clearly shows that economic difficulties are placing the public’s mental health at serious risk, and we need affirmative action to address these medical problems,” said David L. Shern, president and CEO of Mental Health America.

“Unemployment today stands at almost 10 percent. Nationwide, we face a mental health crisis as well as an economic crisis,” said Michael J. Fitzpatrick, executive director of the National Alliance on Mental Illness. “There is no shame in seeking help to overcome unemployment or a medical illness. For the sake of all our loved ones, it’s important to learn to recognize symptoms of depression and other mental illnesses.”

Other key survey findings:

- 13 percent of unemployed individuals report having had thoughts of harming themselves, which is four times more than reported by persons with full-time work.
- People who are unemployed are twice as likely to report concern with their mental health or use of alcohol or drugs within the last six months than individuals working full time.
- Of those who have not spoken to a health professional about these concerns, 42 percent cited cost or lack of insurance coverage as the main reason.
- Nearly 20 percent of the sample reported having experienced a forced change (for example, pay cuts or reduced hours) in their employment during the past year.
- Individuals with a forced change in employment are five times more likely to report feeling hopeless most or all of the time than individuals who haven’t experienced a forced change.

Nominations open for ACA committees

ACA President-Elect Marcheta Evans is seeking nominations for ACA committee appointments. She will be appointing professional members, who will serve a three-year term, to each committee and a student representative to each committee for a one-year term.


ACA members may nominate themselves or be nominated by other ACA members. Nominations are due Dec. 1 and must be sent to ACA headquarters, c/o Holly Clubb, 5999 Stevenson Ave., Alexandria, VA 22304.

Nomination packets are available from ACA. To receive a packet or for more information about the nominations process, call Holly Clubb at 800.347.6647 ext. 212 or e-mail her at hclubb@counseling.org. Please be sure to indicate whether you are requesting an application as a professional committee member or as a student representative. The packets are also available on the ACA website at counseling.org.

Sixth ACA Student Ethics Case Study Competition in full swing

The ACA Ethics Committee is accepting registrations for its sixth annual Student Ethics Case Study Competition. This popular student activity is open to both master’s-level and doctoral-level students in counselor education programs nationwide.

Visit counseling.org/ethics to learn more about the competition. Registration closes Nov. 29, and the deadline for submissions is Dec. 13.

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The very popular fifth edition of the Study Guide for the National Counselor Exam (2006) has 350 pages and covers the eight content areas of the National Counselor Exam, national comp exams (CPCE) and many similar exams. The Workshop DVDs contain over 6 hours of an actual workshop focusing on: Appraisal, Research, Professional Orientation, and Career. The other four areas are covered lightly as well as test-taking strategies and study tips.

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The ACA Foundation’s 2009 Graduate Student Scholarship Competitions

- Now TWO Graduate Student Essay Competitions
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- *Counseling Today* Publication of Winning Essays
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Which Competition Will YOU Enter?
Two Essay Competitions This Year:
- ACA Foundation Graduate Student Essay Competition
- ACA Ross Trust Graduate Student Essay Competition for Future School Counselors

Grand Prizes – One for each Competition
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- AND Free Registration for ACA 2010 Annual Conference
- PLUS Free hotel room for 3 nights at the ACA 2010 Annual Conference

Runner-up Prizes - Four awards for each competition
- $500 scholarship grant
- Publication of winning essay in *Counseling Today*
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It’s Easy To Enter:
The ACA Foundation Graduate Student Scholarship Competitions are open to ACA members enrolled in a counseling-related graduate program at any accredited college or university. Entrants in the Ross Trust Competition must be working toward a career in school counseling at the elementary, middle or high school levels.

Graduate students may enter only one of the two competitions. Each competition requires the submission of an essay of 600 words or less.

The subjects for this year’s essay competitions are:

Q: “Should the national debate about health care reform include the delivery of counseling services as a covered treatment? Why?”

Q: “Name the population in this country which you feel is most under-served by the counseling profession and explain what you think could be done to better address this group.”

Q: “Do today’s school-aged students present new issues and problems for counselors and are counseling students today being adequately prepared to deal with these issues?”

Q: “Is bullying an issue that the counseling profession is adequately addressing both in terms of education about the problem and in dealing with the overall issue?”

Q: “In your opinion, have recent economic changes led to new problems which the counseling community should address? If yes, what actions would you suggest?”

Don’t Miss The Entry Deadline!
- All essays and entry forms are due by December 13, 2009.

Need More Details?
For essay subjects, online entry forms and full detail visit the ACA Foundation website (www.acafoundation.org) or the “Students” section on the ACA website (www.counseling.org)

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January 21–26, 2010 35 CE Hours

Oahu, Hawaii
February 28 - March 10, 2010

Puglia, Italy
May 3–9, 2010 35 CE Hours

Port Logan, Scotland
July 17, 2010

Long Beach Island, New Jersey
August 6 - 14, 2010

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Direct all copy or inquiries to Kathy Maguire via e-mail at kmaguire@counseling.org. Phone: 607.662.4451 Fax: 607.662.4415

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**UNIVERSITY**position requires: Doctorate in clinical, clinical/ content areas e.g. DBT for affect and behavior professionally recognized as effective for these in the use of specialized treatments that are and will demonstrate training and experience diagnosis and specialized knowledge in lation. The clinician will possess sophisticated education, and community referral services to treatment, campus liaison and mental health cited individual and group psychotherapeutic.

**SOUTHEASTERN LOUISIANA UNIVERSITY**

Assistant Professor

The graduate counseling program in the Department of Counseling and Human Development at Southeastern Louisiana University seeks to fill a tenure-track, assistant professor of counseling position as early as January 2010 but no later than August 2010. Earned doctorate in Counselor Education from a CACREP institution required (degree must be earned by December 15, 2009 for January 2010 hire or by May 15, 2010 for June or August 2010 hire), with university teaching experience preferred. Other preferred qualifications include demonstrated potential in research, teaching and scholarly activity. Candidate must be LPC or LPC eligible in the state of Louisiana. Responsibilities include teaching graduate counseling courses, research, writing, service activities, and mentoring students. To apply for this position, please complete and submit an on-line application, which will include the names and contact information for three references and the following attachments: letter of application, resume, and transcripts (official transcripts required upon employment). Applicants must apply by November 20, 2009 on line at: jobs.selu.edu/applicants/Central?quickFind=52146

**PRINCETON UNIVERSITY HEALTH SERVICES**

Staff Mental Health Clinician

Princeton University Health Services (UHS), located in the McCosh Health Center, is a fully accredited health care facility that provides comprehensive health services to Princeton undergraduate and graduate students and services for Princeton University employees who experience work-related injuries and illnesses. Reporting to the Director of Counseling and Psychological Services (CPS), the Staff Mental Health Clinician is a clinical or counseling psychologist who provides urgent care and crisis intervention, psychological and psycho-diagnostic evaluations, and time-limited individual and group psychotherapeutic treatment, campus liaison and mental health education, and community referral services to our undergraduate and graduate student population. The clinician will possess sophisticated diagnostic skills and specialized knowledge in certain content areas, such as substance abuse, eating disorders, severe personality and identity problems, and affect regulation disturbances and will demonstrate training and experience in the use of specialized treatments that are professionally recognized as effective for these content areas e.g. DBT for affect and behavior regulation, CBT for anxiety disorders etc. The position requires: Doctorate in clinical, clinical/ community, or counseling psychology or in a related field, from American Psychological Association (APA)-approved doctoral programs is required. Completion of APA-approved clinical internship is also required. Candidates will possess psychology licensure or be license-eligible in the state of New Jersey. A minimum of two years supervised clinical internships/fellowships is required and preference will be given to those with at least three years of independent psychotherapy experience are required. Evidence of experience working with severely troubled patients and/or on a psychiatric inpatient unit, or the functional equivalent, is required.

*This position is on a part time basis and works 10 months annually. The final candidate will be required to complete a background check.

To view a complete description of this position please visit our jobsite at http://jobs.princeton.edu/applicants/Central?quickFind=58312

**RIDER UNIVERSITY**

Assistant or Associate Professor Counseling Services – Clinical Mental Health Counseling

Rider University seeks an individual for a tenure-track position at the level of Assistant or Associate Professor in the Counseling Services Program in the Department of Graduate Education, Leadership, and Counseling to begin on September 1, 2010. For more information on this position and for application instructions, please visit our website at www.rider.edu/hr.

Position 355107. AA/EOE

**WALSH UNIVERSITY**

Clinical Director, Herttna Counseling Center

Walsh University in North Canton, OH invites applications for a Clinical Director, Herttna Counseling Center, Counseling and Human Development Program/Social and Behavioral Sciences Division. Responsibilities: Administrative ¾, teaching ¼, faculty status without rank, 11 month position. Develop and manage a Mental Health Counseling Center designed to serve the community and to provide training for counseling graduate students. Teach 3 courses (one each semester). Provide individual supervision for Practicum students and interns in Mental Health Counseling program. Develop and manage grants. Position begins January 1, 2010.

Requirements: Master's in counseling required, Ph.D., Counselor Education and Supervision preferred. Ohio LPC/S preferred; Ohio LPC/S-eligible considered. Minimum 5 years experience in community mental health, private practice, EAP or other related clinical experience including program management, clinical supervision, and counseling service delivery. Grant writing experience. To review more detail and/or to apply on-line, please go to the following website: https://walshjobs.simplehire.com

**ACA DIRECTOR OF ETHICS & PROFESSIONAL STANDARDS**

ACA is currently seeking a full time Director, Ethics & Professional Standards to work at our Headquarters office in Alexandria, VA. Responsibilities include serving as ACA's Ethics Officer and providing ethics consultation on the ACA Code of Ethics, directing and monitoring the ethical adjudication process, advising and assisting the Chair or Co-Chairs of ACA's Ethics Committee as appropriate, maintaining accurate and appropriate records, serving as the central resource for inquiries related to state licensure and developing materials to assist counselors in the advocacy of the counseling profession. Requirements include a graduate degree in counseling (state license and/or national certification a plus), experience as a practitioner and an identity as a professional counselor. Publications/presentations in the area of ethics and professional standards are a plus.

The ideal candidate will have knowledge of the 2005 ACA Code of Ethics plus knowledge of professional counseling, licensure and reimbursement issues. You will also possess an ability and interest in helping professional counselors from all specialties and have excellent written and verbal skills, along with superior organizational abilities.

Send letter of application, vita, complete contact information of three references and salary history to Cindy Welch, Chief of Staff, ACA, 5999 Stevenson Avenue, Alexandria, VA 22304; cwelch@counseling.org; fax 703-823-0953. Background checks are required. ACA is an AA/EOE organization and encourages minorities and women to apply. The position will be filled when the appropriate candidate is identified.
Assistant Professor (tenure-track)

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Seattle University - College of Education
Position: Assistant or Associate Professor, Community Counseling (Tenure-track)  Start Date: September 2010
Description: The faculty member teaches graduate courses in the community counseling and school counseling program, including all foundation and clinical courses in both curricula. Community counseling specific courses may include, diagnosis and assessment, community mental health, tests and measurements, and ethics. The faculty member may also teach developmental psychology courses and counseling related content areas in other College of Education programs. Other responsibilities include advising, internship supervision, active research agenda, serving on doctoral dissertation committees, involvement in university level committees and professional counseling organizations. Applicant must be willing to assume administrative duties if needed by a program/dept/university. The department is committed to research that promotes advocacy, leadership, and social justice in the field of counseling. Current faculty scholarship regarding marginalized populations, poverty, advocacy competencies, social justice, addictive behaviors, career development, school counseling, counselor education and counseling supervision.
For further information on Qualifications, Salary, Application Process and Deadline, Nondiscrimination Policy, and a Description of Seattle University see our website at: http://www.seattleu.edu/coe/about.aspx?id=14482
Don’t bet everything you have that you’ll never be sued. A lawsuit can be an expensive nuisance – or a personal and financial catastrophe. Maybe you’ll just need a few hours help from a lawyer at $150 an hour to get that nuisance suit dismissed. Or you could be named in a suit that drags on for years and results in a huge award against you.

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